

**EFFECTIVENESS OF INFORMATION, EDUCATION AND
COMMUNICATION PACKAGE ON KNOWLEDGE AND
EXPRESSED PRACTICE REGARDING MANAGEMENT
OF PRIMARY DYSMENORRHEA AMONG
ADOLESCENT GIRLS**

By

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CERTIFICATE

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ABSTRACT

Problem Statement

A pre experimental study to determine the effectiveness of Information, education, communication package on knowledge and expressed practice regarding management of primary dysmenorrhea among adolescent girls at Girls Higher Secondary School in srirangam during the year of 2010-2011

OBJECTIVES

- To assess the knowledge regarding the management of primary dysmenorrhea before and after IEC.
- To assess the expressed practices regarding the management of primary dysmenorrhea before and after IEC.
- To determine the relationship between knowledge and expressed practice regarding management of primary dysmenorrhoea.
- To find out the association of knowledge on management of primary dysmenorrhoea with selected background variables.
- To find out the association of expressed practices on management of primary dysmenorrhoea with selected background variables.

Conceptual Frame Work :	Pender N. Health Promotion Model
Research Design :	Pre experimental design
	O1 x O2
Population / Sample :	Adolescents girls.
Sample Size :	30 Adolescent Girls.
Sampling :	Non probability convenience sampling.

Setting : Girls Higher Secondary School,
srirangam.

Tool : Knowledge and expressed
questionnaire.

Data Collection

Pretest was given for 30 minutes to each adolescents and IEC was given to participants for 45 minutes. Then posttest was conducted after one month to assess the knowledge and expressed practice.

Data Analysis

Descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (paired 't' test and chi square test) was used to test the research hypothesis.

Significant Finding

The knowledge and expressed practice of adolescents with primary dysmenorrhoea was inadequate during pretest. The study showed that IEC package was effective in improving knowledge and expressed practice on management of primary dysmenorrhoea with adolescents girls.

There was a significant difference in the pre-test and post-test knowledge and expressed practices score which was significant at 0.05 level.

There was a significant difference in the mean post test scores knowledge and expressed practice which was a significant at 0.05 level. There was a significant positive correlation between the post test knowledge and post test expressed practice scores.

There was a significant association between background variables such as age, educational status of the mother, residence with knowledge and there was significant association between age, educational status of the mother, income of the family, residence.

Conclusion

The study showed that IEC was effective in increasing the knowledge and expressed practice of adolescent girls regarding primary dysmenorrhoea management. There was a positive correlation between the pretest and post test level of knowledge and expressed practice. Nurses are often asked for advice about dysmenorrhoea and are in an ideal position in their role as health educators and health promoters to offer suggestions for self-help. Patients should be informed that dysmenorrhoea is a treatable condition and that the prognosis for primary dysmenorrhoea is good.

CHAPTER - I

INTRODUCTION

BACKGROUND OF THE STUDY

“If one is born a woman, one must put up with pain” Throughout history menstruation has been viewed as an inescapable burden that women must endure.

Pain is an unpleasant sensation which may be associated with actual or potential tissue damage and which may have physical and emotional components. perception of pain is a product of brain's abstraction and elaboration of sensory input.

S(Preethi Angeline Esther) (2008) states that Adolescence is a transition period from childhood to adulthood and is characterized by a spurt in physical, endocrinal, emotional, and mental growth, with a change from complete dependence to relative independence. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. As the direct reproducers of future generations, the health of adolescent girls influences not only their own health, but also the health of the future population. Almost a quarter of India's population comprises of girls below 20 years. The onset of menstruation is part of the maturation process.

Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to shedding of the endometrium following invisible interplay of hormones mainly through hypothalomo-pituitary-ovarian axis.

One of the major physiological changes that take place in adolescent girls is the onset of menarche, which is often associated with problems of irregular menstruation, excessive bleeding, and dysmenorrhea. Of these, dysmenorrhea is one of the common problems experienced by many adolescent girls.

Dysmenorrhea is defined as difficult menstrual flow or painful menstruation. The term 'dysmenorrhea' is derived from the Greek words 'dys,' meaning difficult/painful/abnormal, 'meno', meaning month, and 'rrhea', meaning flow.

Linda French(2005) states that dysmenorrhea is the leading cause of recurrent short-term school absence in adolescent girls and a common problem in women of reproductive age.

(Wright et al. 2003). States that there are two types of dysmenorrhoea: primary and secondary. Primary dysmenorrhea refers to menstrual pain that occurs in otherwise healthy women .This type of pain is not related to any specific problems with the uterus or other pelvic organs. Secondary dysmenorrhoea is painful menstruation that is frequently associated with a pelvic pathology..

Primary dysmenorrhea occurs during regular ovulatory cycles. Women with primary dysmenorrhea have increased activity of the uterine muscle with increased contractility and increased frequency of contractions. Prostaglandins are released during menstruation due to destruction of the endometrial cells and the resultant release of their contents.

Danforth (2010) reports that primary dysmenorrhoea beginning with the onset of ovulatory menstrual cycle, is common, occurring in up to 90% of adolescents.

Shaw's (2009) states that prevalence is higher amongst the more intelligent and sensitive working class women.

(Ferri, 2007) and (Wright et al. 2003) states that Release of prostaglandins and other inflammatory mediators in the uterus (womb) are thought to be a major factor in primary dysmenorrhea .

Risk factors were identified to be associated with dysmenorrhoea, which includes early age of menarche, positive family history in mothers and sisters, and duration of menstrual flow. (Kennedy 1997, Andersch & Milsom 1982, Robinson et al 1992).

A focused history and physical examination are usually sufficient to diagnosis primary dysmenorrhoea. Information about the onset, location, duration, and characteristics of pain, plus any aggravating or relieving factors, should be sought from the patient.

A diagnosis of primary dysmenorrhoea will depend on the timing of symptoms around the menstrual cycle (Peck, 1988). Initial onset is usually at or shortly six to 12 months after menarche.

(Proctor et al, 2004). States that the duration of the pain is commonly between eight and seventy two hours. Pain occurs just before or at the onset of menstruation, is spasmodic and usually felt in the lower abdomen, and occasionally radiates to the back and thighs.

Other symptoms include nausea, vomiting, headache, diarrhoea, dizziness, and in severe cases syncope and collapse. And symptoms often become less severe or disappear after the woman has experienced childbirth for the first time. They also often become less severe with age (Vance et al, 1996).

Anil K Agarwal, Anju Agarwal(2010), Gwalior-MP, India reported that

Table 1: Percentage and rank of ten commonly occurring associated symptoms of menstruation and dysmenorrhea among adolescent girls.

Symptoms	Day before menstruation		First day of menstruation		Day after stoppage of menstruation	
	%	Rank	%	Rank	%	Rand
Lethargy and tiredness	33.2	1	57.4	1	17.2	1
irritability	30.9	2	32.9	7	7.3	10
Inability to concentrate on work	29.5	3	44.4	3	10.9	4
Feeling of heaviness in the lower abdomen	26.5	4	37.1	5	9.3	5
Nervousness	22.9	5	48.0	2	12.2	3
Anorexia	19.8	7	28.4	8	8.4	6
Loss of appetite	18.8	8	35.8	6	7.9	7
Sleeplessness	18.2	9	26.2	10	6.6	8
Headache	17.2	10	28.1	9	5.0	9

Dutta (2009) states that Patients may be concerned about the possibility of underlying pathology and, when appropriate, reassurance and an explanation of the mechanism of menstrual pain may be helpful to reduce primary dysmenorrhoea.

Suzanne c.smeltzer et al (2008) states that Heat helps to relieve pain and minimize cramping by increasing vasodilatation and muscle relaxation and minimizing uterine ischemia. Using heating pad (or) hot – water bottle on the abdomen or back is effective in reducing menstrual cramp.

Lowdermilk perry (2003) states that Exercise has been found to help relieve menstrual discomfort through increased vasodilatation and subsequent decreased ischaemia, release of endogenous opiates, specially beta-endorphins; suppression of prostaglandins, specific exercise that nurses can suggest include pelvic rock and heels over-the-head yoga position.

Wilson and Murphy (2001) states that Eating balanced diet is important for treating primary dysmenorrhoea. Several nutritional supplements have been indicated as effective in treating dysmenorrhea, including omega-3 fatty acids, magnesium, vitamin E, zinc, and thiamine (vitamin B₁) and B₆ Taking daily multi-vitamin and mineral supplements that contain high doses of magnesium and vitamin B₆ (pyridoxine), and flaxseed or fish oil supplements.

Ginger is most commonly used in western medicine in treating dysmenorrhea for a long period of time due to its stimulated function of anti- inflammation, spasmolytic, and circulation. Ginger helps to inhibit

cyclo-oxygenase and lipoxygenase enzymes that cause menstrual cramps. Ginger work almost same as the anti inflammatory drugs such as ibuprofen and aspirin. Ginger tea is one of the valuable remedy for primary dysmenorrhoea.

owder Milk Perry (2003) states that Management of primary dysmenorrhoea depends on the severity of the problem and individual women's response to various treatments.

Medical management for dysmenorrhoea aims to relieve pain. Treatments such as paracetamol, aspirin, and NSAIDs work by reducing the activity of cyclo-oxgenase pathways, thus inhibiting prostaglandin production. Treatments such as oral contraceptives work by inhibiting ovulation.

Nurses are often asked for advice about dysmenorrhoea and are in an ideal position in their role as health educators and health promoters to offer suggestions for self-help (Gould, 1994). Patients should be informed that dysmenorrhoea is a treatable condition and that the prognosis for primary dysmenorrhoea is excellent (Wolf and Schumann, 1999). It is vital, therefore, that nurses understand how the menstrual cycle works and are familiar with the anatomy and physiology of the reproductive system and its associated disorders. This will enable them to give patients a better understanding of their condition.

Adolescent girls, almost always, silently suffer the pain by dysmenorrhea and the discomfort associated with it due to lack of knowledge about reproductive health. It is probable that this also affects their academic performance. Improved health promotion strategies are required so that women do not put up with painful periods.

SIGNIFICANCE AND NEED FOR THE STUDY

Menstrual cramps are a common problem for adolescent girls and women. They may be mild, moderate, or severe and are the single most common cause of days missed from school and work.

Primary dysmenorrhoea is a painful syndrome which occurs at the time of menstrual flow in ovulatory cycles. The onset is usually 6 to 12 months after menarche, which coincides with the occurrence of regular ovulatory cycles.

The reduction in working hours as well as school days among young women as the result of dysmenorrhoea has been repeatedly reported to be of national and economic significance. It could also lead to great personal and family disruption. Also, it was found that dysmenorric girls have lower achievements and more school adjustment problems than non dysmenorrice ones do.

Painful menstruation affects approximately 50% of menstruating women, and 10% are incapacitated for up to 3 days. Painful menstruation is the leading cause of lost time from school and work among women. This pain may precede menstruation by several days or may accompany it, and it usually subsides as menstruation tapers off.

Andrew s. coco (2005) states that initial presentation of primary dysmenorrhea typically occurs in adolescence. It is a common cause of absenteeism and reduced quality of life in women. The problem is often under diagnosed and undertreated. Women with primary dysmenorrhea

have increased production of endometrial prostaglandin, resulting in increased uterine tone and stronger, more frequent uterine contractions.

Primary dysmenorrhea is by far the most common gynecologic problem in menstruating women. It is so common that many women fail to report it in medical interviews, even when their daily activities are restricted. The prevalence of primary dysmenorrhea decreases with increasing age.

If left untreated, primary dysmenorrhea and secondary dysmenorrhea, can result in pain, suffering, and impaired fertility and sexual function. Patients frequently experience symptoms for months to years prior to accurate diagnosis.

Common symptoms experienced and their association with the dysmenorrhea status and the intensity of pain during menstruation:

There were 23 symptoms grouped under four areas, such as, gastrointestinal symptoms (GI), psychological symptoms (PS), eliminational symptoms (ES), and other physical symptoms. The gastrointestinal symptoms were loss of appetite, increased appetite, nausea, vomiting, anorexia, and gaseous distension of abdomen. The psychological symptoms were depression, excitability, irritability, inability to concentrate on work, and nervousness. Elimination symptoms were: constipation, diarrhea, frequency of micturition, and profuse sweating. Other physical symptoms were lethargy and tiredness, headache, sleeplessness, increased sleep, fullness and tenderness of breasts, feeling of heaviness in the lower abdomen, pain and swelling in the ankle and knee joints, and swelling of face.

Although it is not life-threatening, dysmenorrhea can be debilitating and psychologically taxing for many women. Some choose to self-medicate at home and never seek medical attention for their pain. Dysmenorrhea is responsible for significant absenteeism from work, and it is the most common reason for school absence among adolescents.

Nurse can correct myths and misinformation about menstruation and providing facts about what is normal. The cultural perceptions and psychological impact of what menstruation means to the individual woman must be understood to enable health practitioners to challenge myths and provide advice for a woman with dysmenorrhoea thereby enabling her to make informed choices about her own health management. Management involves empowering women to take an active role in their own health care and assisting them to make healthy choices to best manage individual needs and concerns..

Therefore nurses must interact with adolescent girls in a supportive educative system to guide, to support physically (or)psychologically and thus help them to cope with their evolving problem during primary dysmenorrhoea.

The need for information is universal. Every illness produces a need for additional information .These needs can be met through education. Information can be disseminated by visual and verbal form. An information, education and communication package can be an effective and economical teaching aid which can be used for this study.

During the maternity corporation center experience the investigator found that the adolescent girls had problem like nausea, vomiting, lower abdomen pain, low back pain, headache and inadequate knowledge regarding management areas like diet, exercise, heat therapy and psychological support regarding primary dysmenorrhoea.

Hence the investigator has decided to carryout this study on pre experimental study to determine the effectiveness of IEC on knowledge and expressed practices regarding management of primary dysmenorrhoea among adolescent Girls at Girls Higher Secondary School in srirangam during the year of 2010-2011.

STATEMENT OF THE PROBLEM

A pre experimental study to determine the effectiveness of Information, education, communication package on knowledge and expressed practice regarding management of primary dysmenorrhea among adolescent girls at Girls Higher Secondary School in srirangam during the year of 2010-2011

OBJECTIVES

1. To assess the knowledge regarding the management of primary dysmenorrhea before and after IEC.
2. To assess the expressed practice regarding the management of primary dysmenorrhea before and after IEC.
3. To determine the relationship between knowledge and expressed practice regarding management of primary dysmenorrhoea.

4. To find out the association of knowledge on management of primary dysmenorrhoea with selected background variables.
5. To find out the association of expressed practice on management of primary dysmenorrhoea with selected background variables.

RESEARCH HYPOTHESES

At $p < 0.05$ level.

- H1: There will be a significant improvement in the level of knowledge regarding management of primary dysmenorrhoea among adolescent girls after IEC.
- H2: There will be a significant improvement in the level of expressed practice regarding management of primary dysmenorrhoea after IEC.
- H3: There will be a significant relationship between the knowledge and expressed practice regarding management of dysmenorrhoea.
- H4: There will be significant association between the level of knowledge and selected background variables.
- H5: There will be significant association between the expressed practice and selected background variables.

OPERATIONAL DEFINITION

Effectiveness

A result produced by agent (or) action.

In this study, It refers to the extent to which ,an IEC package on management of primary dysmenorrhoea has achieved the desired effect in improving the knowledge and skills of adolescent girls as evidenced by gain in knowledge.

Information,education,communication(IEC)

Information, education, communication is defined as a powerful and effective means of translating complex messages of social intervention to target groups.

In this study, it refers to the method of communicating and interacting with the adolescents by using multiple audiovisual aids such as powerpoint on physiology of menstruation and dietary management, handout on management of primary dysmenorrheal and demonstration on ginger tea.

Knowledge

Information acquired through experience (or) education.

In this study, it refers to the understanding and the responses of the respondents regarding management of primary dysmenorrhoea as measured by knowledge questionnaire.

Expressed Practice

The actual application of any method.

In this study, it refers to the desired practice regarding management of primary dysmenorrhoea which is expressed by adolescent girls as measured by a expressed practice questionnaire.

Primary Dysmenorrhoea

Painful menstruation without evidence of an organic defect .

In this study, it refers to the girls those who attained menarchae and within the during of one year.

Management of Primary Dysmenorrhoea

It refers to the actions (or) efforts taken to reduce pain by the adolescent girls who were having primary dysmenorrhoea.

In this study, management of primary dysmenorrhoea refers to the measures provided by the adolescent girls regarding reassurance (explaining physiology of menstruation), dietary management (power point presentation), exercise, heat therapy (discussing), medication as per doctor's orders and home management (demonstration of ginger tea).

Adolescent Girls

Adolescence as the period of life between 10 and 19 years.

In this study, adolescent girls refers to the girls who were in 14-19 years of age.

ASSUMPTION

1. Adolescent girls have less knowledge regarding management of dysmenorrhoea.
2. IEC package promotes knowledge among adolescent girls and develops healthy practice .
3. Adequate knowledge regarding management of primary dysmenorrhoea will help in adopting positive attitude.

DELIMITATION

The study was delimited to

30 samples only.

A period of six weeks for data collection.

Adolescent girls with primary dysmenorrhoea only.

CHAPTER – II

REVIEW OF LITERATURE

INTRODUCTION

The literature review is an essential component of the research process, as it aids the researcher in formulating the research plan. It helps the researcher to conduct actual study.

It is a critical summary of research on a topic of interest, often prepared to put research problem in content or basis of an implementation of project.

-polit, 2007.

The review of related literature had been arranged under the following headings:

Section 1: Literature related to incidence and prevalence of primary dysmenorrhoea.

Section 2: Literature related to knowledge regarding primary dysmenorrhoea.

Section 3: Literature related to management of primary dysmenorrhoea by diet.

Section 4: Literature related to management of primary dysmenorrhoea by exercise.

Section 5: Literature related to medical and other management of primary dysmenorrhoea.

LITERATURE RELATED TO INCIDENCE AND PREVALENCE OF PRIMARY DYSMENORRHOEA

Alaettin Unsal, et al. (2009) carried out cross-sectional study on Prevalence of dysmenorrhea and its effect on quality of life among a group of female university students. The objective was to evaluate the prevalence of dysmenorrhea and determine its effect on health-related quality of life (HRQoL) among a group of female university students. This cross-sectional study was conducted between 15 March and 15 April 2009 at Dumlupinar University, Kutahya, Health High School, Western Turkey. The study group included 623 female students. Dysmenorrhea is a common health problem, having negative effects on the HRQoL among university female students.

S. Ohdea and Y. Tokuda et al (2007)_conducted a prospective cohort study to investigate the epidemiology of dysmenorrhea in Japanese women of menstrual age. The result of this study Among 823 enrolled participants (age range, 18–51 years), dysmenorrhea (mean duration 1.75 days; range 1–5 days) was reported in 15.8% (95% CI, 13.3–18.3) during the 1-month study period. The main conclusion of this study is that dysmenorrhea is common in Japanese women. Dysmenorrhea is significantly associated with younger age and employment status.

V Patet et al. (2006) carried out study on the burden and determinants of dysmenorrhoea: a population-based survey of 2262 women in Goa, India . Cross-sectional survey design was used for this study. The main conclusion of this study is that the burden of dysmenorrhoea is greater than any other gynaecological complaint, and is

associated with significant impact. Social disadvantage, co-morbidity with other somatic syndromes and reproductive factors are determinants of this complaint.

Dutta (2009) states that the incidence of primary dysmenorrhoea of sufficient magnitude with incapacitation is about 5-10% and psychosomatic factor due to tension during adolescence with lower pain threshold is often attributed as an aggravating factor in pain perception. This may explain in part, the disappearance of pain with advancing age.

Maryam Rostami. (2007) conducted a study on dysmenorrhoea in the high school girls in Masjed Solayman Khzestan Province in Iran. The results indicate that 85 respondents (14.4% participants) suffered from dysmenorrhoea which disturbed their daily activities and was unimproved by the use of analgesics and there was a significant correlation between dysmenorrhoea and certain biological factors, between menarche age and the severity of dysmenorrhoea. Conclusion of this study was improved understanding of the pathophysiology of dysmenorrhoea that may result in the discovery of more effective treatment regimens.

William w.h. et al (2003) states that dysmenorrhoea is the most common gynaecologic complaint of adolescent girl, with an incidence of about 80% by the age of 18 years. yet many teenage girls do not seek help from a physician, relying instead on female relatives, friends, and the media for advice. Therefore, the physician should ask about menstrual cramps when taking a review of symptoms. primary dysmenorrhoea

accounts for 80% of cases of adolescents and most often affects women under the age of 28 years.

Wongs(2005) states that all adolescent girls need reassurance that menstruation is a normal function. when nurses are asked for advice regarding menstrual problem, they have a valuable opportunity to engage in health teaching concerning menstrual physiology and hygiene, as well as the importance of well balanced diet, exercise, and general health maintenance. Health teaching can dispel myths about menstruation and femininity.

LITERATURE RELATED TO KNOWLEDGE REGARDING MANAGEMENT OF PRIMARY DYSMENORRHOEA

Adesola a J Sch Nurs₂ (2010) carried out study on Management of primary dysmenorrheal by school adolescents in ILE-IFE, Nigeria. He states that dysmenorrhea is a problem that girls and women face and often manage themselves with or without support from health professionals. Findings suggested that the adolescents had a knowledge deficit regarding menstruation and dysmenorrhea, 58% of respondents reported pain between face 4 and face 10 on the Faces Pain Scale and the majority used inappropriate methods to manage primary dysmenorrhea. School nurses are able to assist adolescents and their mothers in proper management of primary dysmenorrhea.

Poureslami Mohammad, (2008) conducted study to assess the level of knowledge, attitudes and health-taking behaviour of 15 to 18 years female students in regard to dysmenorrhea and menstrual hygiene in suburban districts of Tehran, the capital of Iran. The main point

achieved in this study was the necessity of educating female students about the menstrual period health-taking behaviours, including: appropriate nutrition, exercise and physical activity, personal hygiene, and appropriate use of medication based on physician's prescription.

Dr.Verna Lee Mun (2007) conducted a study on effects of dysmenorrhoea on school activities .Findings suggest that impact of dysmenorrhoea on grade 11 and 12 is high ,and they lack knowledge of and experience with effective treatment. Health education measures are needed in this area to prevent unnecessary suffering and interruption to school routine.

Chung-hey Chen et al (2006) conducted study on self care strategies of girls with primary dysmenorrhoea in Taiwan. The self-care strategies for dysmenorrhea reported by participants included reducing physical activity, modifying diet using herbal remedies or medication, applying complementary therapies, paying attention to symptom clusters of discomforts, and expressing emotions. Knowledge of beneficial food-related or herbal health practices can enable professionals to counsel this population more effectively.

LITERATURE RELATED TO MANAGEMENT OF PRIMARY DYSMENORRHOEA BY DIET

Proctor ML, et al (2003) report that Vitamin B1 is shown to be an effective treatment for dysmenorrhoea taken at 100 mg daily, although this conclusion is tempered slightly by its basis on only one large RCT. Results suggest that magnesium is a promising treatment for dysmenorrhoea. It is unclear what dose or regime of treatment should be

used for magnesium therapy, due to variations in the included trials, therefore no strong recommendation can be made until further evaluation is carried out. Overall there is insufficient evidence to recommend the use of any of the other herbal and dietary therapies considered in this review for the treatment of primary or secondary dysmenorrhoea.

Zeev Harel, (2008) et al conducted a study regarding supplementation with omega-3 polyunsaturated fatty acids in the management of dysmenorrhoea in adolescents. Findings suggested that there were no significant differences in the Cox Menstrual Symptom Scale between the two groups at baseline after 2 months of placebo administration. After 2 months of treatment with fish oil there was a marked reduction in the Cox Menstrual Symptom Scale from a baseline mean value of 69.9 to 44.0 ($p < 0.0004$). Dietary supplementation with omega-3 fatty acids has a beneficial effect on symptoms of dysmenorrhea in adolescents.

Giti Ozgoli, et al (2007) conducted a double-blind comparative clinical trial regarding comparison of Effects of Ginger, Mefenamic Acid, and Ibuprofen on Pain in Women with Primary Dysmenorrhea. Participants were 150 students (18 years old and over) with primary dysmenorrhea from the dormitories of two medical universities who were alternately divided into three equal groups. Results showed that Ginger was as effective as mefenamic acid and ibuprofen in relieving pain in women with primary dysmenorrhea.

LITERATURE RELATED TO MANAGEMENT OF PRIMARY DYSMENORRHOEA BY EXERCISE.

Daley AJ. (2007) states that Primary dysmenorrhoea (PD) is chronic, cyclic, pelvic, spasmodic pain associated with menstruation in the absence of identifiable pathology and is typically known as menstrual cramps or period pain. Behavioural interventions such as exercise may not only reduce dysmenorrhoea, but also eliminate or reduce the need for medication to control menstrual cramps and other associated symptoms. Several observational studies reported that physical activity/exercise was associated with reduced prevalence of dysmenorrhoea. A large randomized controlled trial is required before women and clinicians are advised that exercise is likely to be effective in reducing PD and related menstrual symptoms.

Golomb Lisa m et al (2000) did a study on Primary dysmenorrhea and physical activity .Findings reported decreased prevalence and/or improved symptomatology with exercise. However, controlled longitudinal studies involving women with confirmed primary dysmenorrhea who are sufficiently blinded to the study objectives are necessary before a definite relationship between exercise and dysmenorrhea can be established. (1998) have reported that It has been widely claimed that exercise is beneficial.

Amanda Daley stated that Exercise is often seen as a panacea or the ‘magic potion’ for health problems and disease, without proper regard. while it might also seem intuitively appealing to promote exercise as a treatment for menstrual disorders such as PMS and primary dysmenorrhoea, there is a paucity of evidence to directly support such a

view. The American College of Obstetricians and Gynecologists and the NHS in the UK have provided recommendations to women about the role of exercise as a treatment for menstrual cycle related disorders.

MS. Lakshmi (2009) conducted a study regarding effectiveness of pelvic rocking exercise and dysmenorrhoea among school girls. Results showed that the pelvic rocking exercise was effective in the reduction of dysmenorrhoea among school girls. Therefore, pelvic rocking exercise can be used as a supportive therapy in school girls to alleviate dysmenorrhoea. Also school girls with dysmenorrhoea can be permitted to sleep and watch TV as diversional activity with the consent of parents.

Wongs (2005) stated that simple exercise such as pelvic rocking, assuming the knee chest position may be beneficial, encouraging adequate personal hygiene ,participation in regular activities and methods to decrease stress should be discussed with the adolescents.

LITERATURE RELATED TO MEDICAL AND OTHER MANAGEMENT OF PRIMARY DYSMENORRHOEA

Dorothy. R. Marlow (2..) stated that a warm bath, a heating pad applied to the abdomen (or) lowerback ,exercise ,good posture, and a mild analgesic (or) sedative will usually help to decrease the discomfort. Aspirin (or) acetaminophen may be used for the adolescent with mild discomfort. when the pain is moderate to severe ,the use of one of the prostaglandin-inhibitor drug is recommended.

Spears LG. Chiropractic student (2004) states that Primary dysmenorrhea and related issues are discussed as they influence the

gynecological and social health of females during adolescence, adulthood, and senior maturity. He concluded that Medicinal prophylactics, physical therapeutics, non-acidic diets, herbal supplements, eastern therapies and the chiropractic manual adjustments of the spine are effective methods for the management of primary dysmenorrhea. The non-invasive management of primary dysmenorrhea includes the chiropractic adjustment with complimentary modalities, and other alternative health care practices. Medicinal prophylactics are invasive and pose a higher risk to long-term chemical exposure, side effects or irreversible conditions.

Atchuta Kameswararao Avasarala and Saibharghavi Panchangam (2008) Conducted a study among adolescent school girls (101 girls in urban areas and 79 girls in rural areas) in the district of Karimnagar .Girls in rural areas resort to physical labor and other natural methods to obtain relief while the girls in urban areas are mainly depending on medications. Finally they concluded that Dysmenorrhoea can also be managed effectively by natural methods without resorting to medicines, provided one is psychologically prepared to face it without anxiety.

Adeyemi & D. A. Adekanle (2007) conducted a study on Management Of Dysmenorrhoea among Medical Students in western Nigeria. overwhelming majority decided to live with the condition without seeking medical help from health professionals despite incapacitating effects of the condition. Self-medication is rampant among them. There is need for health education on effective management of dysmenorrhoea to prevent economic and social loss that had been identified with this condition.

From the journal of obstetrics and gynaecology (2007) To determine the frequency of dysmenorrhea and its associated symptoms amongst a number of adolescent female students and to investigate the possible association between dairy product intake and dysmenorrhea. Findings suggested that Dysmenorrhea and associated symptoms were found in significantly fewer female students who consumed three or four servings of dairy products per day as compared to participants who consumed no dairy products.

Mr Benjamin Thomas and Mr Adam Magos (2009) conducted a study regarding modern management of dysmenorrhoea. Findings suggested that Dysmenorrhoea is a common problem for young women and adolescents. Most patients have no underlying pathology and management is therefore aimed at reassurance and symptom relief, although referral may sometimes be necessary where underlying disease is suspected.

Viola Antao et al (2005) primary dysmenorrhoea consensus guidelines stated a summary of upto date evidence regarding diagnosis ,investigations, medical and surgical management of dysmenorrhoea. Results showed that A multi disciplinary approach involving combination of lifestyle, medications and allied health services should be used .women who find an acceptable management strategy for this condition may benefit from an improved quality of life.

Eryilmazg.ozdemin (2009) conducted a study regarding evaluation of menstrual pain and management approaches taken by north eastern adolescents to cope with menstrual pain. Findings suggested that

adolescent should be encouraged to consult a physician. School nurses also provide consultation services and arrange informative seminars to increase public awareness of this.

Laeth Nasir et al (2004) conducted a study regarding management of pelvic pain from dysmenorrhoea. Many women suffer from pelvic pain, and a great many visit their family doctor for diagnosis and treatment. Two common causes are primary dysmenorrhea and endometriosis. The pain may vary from mildly irritating to incapacitating. Dysmenorrhea and endometriosis are the two most common causes. Nonsteroidal anti-inflammatory drugs (NSAIDs) and cyclo-oxygenase-2 (COX-2)-specific inhibitors are the mainstays of therapy for both disorders.

Dawn Durain (2004) conducted a study regarding assessment and management of primary dysmenorrhoea .Findings suggested that Many women are familiar with the experience of dysmenorrhea, which can contribute to significant physical and emotional distress and life disruption. Midwives can provide valuable assistance to women in their explorations of the variety of treatment options available for the relief of dysmenorrhea, including lifestyle changes, complementary and alternative approaches, analgesics, and hormones.

Mahdy, Z. A.et al (2008) conducted a study regarding the efficacy of etoricoxib vs mefenamic acid in the treatment of primary dysmenorrhoea .He states that Dysmenorrhoea is painful menstruation that occurs in 45-72% of all women. This was a prospective randomised study of the efficacy of etoricoxib (Arcoxia®) compared with mefenamic

acid (Ponstan®) in treating primary dysmenorrhoea. In conclusion, etoricoxib is a better treatment for primary dysmenorrhoea with better pain relief, less menstrual blood loss and fewer side-effects compared with mefenamic acid. Effects of acupressure at the Sanyinjiao point on primary dysmenorrhoea.

Chen h.m. & Chen c.h. (2004) conducted a study on Effects of acupressure at the Sanyinjiao point on primary dysmenorrhoea. This paper presents the findings of a study that assessed the effects of acupressure at the Sanyinjiao point on symptoms of primary dysmenorrhoea among adolescent girls. The findings suggest that acupressure at Sanyinjiao can be an effective, cost-free intervention for reducing pain and anxiety during dysmenorrhoea, and we recommend its use for self-care of primary dysmenorrhoea.

Casals, Gemma (2004) et al conducted a study regarding the efficacy and safety of ibuprofen arginine in the treatment of primary dysmenorrhoea in normal clinical practice. The study assessed the evolution of pain intensity, rapidity of action, need for supplementary analgesics, decrease in working or school hours lost, and safety and tolerability of ibuprofen arginine treatment. Finding suggested that ibuprofen arginine appears to be effective, fast, safe and well tolerated in the treatment of patients with primary dysmenorrhoea.

Nathan, Alan et al (2005) stated that how dysmenorrhea can be treated and how the practice nurse can help the patient manage the condition. Non-steroidal anti-inflammatory drugs (NSAIDs) inhibit the synthesis of prostaglandins and are effective in 80-90% of cases because

they reduce uterine contraction. Also useful are paracetamol if NSAIDs cannot be tolerated or are contra-indicated. Paracetamol may be combined with opioid analgesics, such as codeine and dihydrocodeine.

Conclusion

The review of literature explains that dysmenorrhoea is a common problem that girls and women face and often manage themselves with (or) without support from health professionals. Health education measures are needed in this area to prevent unnecessary suffering and interruption to school routine. School nurses are able to assist adolescents and their mothers in proper management of primary dysmenorrhea.

CONCEPTUAL FRAMEWORK

Conceptual framework for study is developed from the existing theory and helps in defining the concepts of interest and proposing relationship among them. The model gives direction for the planning ,data collection and interpretation of findings.

Burns and Groove,(1995)

The present study aims at determining the effectiveness of information, education and communication package on knowledge and expressed practice regarding management of primary dysmenorrhea among adolescent girls at Girls higher secondary school in srirangam during the year of 2010-2011.

The conceptual framework of the present study was developed based on Pender N. Health Promotion Model.

The Model Focus on the following three areas:

1. Individual characteristics and experiences.
2. Behaviour specific knowledge and affect.
3. Behaviour outcome.

INDIVIDUAL CHARACTERISTICS/EXPERIENCES:

1. prior related behaviour.
2. personal factors.

1. Prior Related Behaviour

In this, adolescents educational background and basic knowledge about primary dysmenorrhoea will be assessed.

2. Personal Factors

Adolescents personal factors are assessed in this area such as regular menstrual cycle, interest to practice management of dysmenorrhoea, adolescent hesitation, family ignorance, early age at menarchae.

II. BEHAVIOUR SPECIFIC COGNITIONS AND AFFECT

i) Perceived Benefit:

After IEC programme adolescents have gained knowledge regarding management of primary dysmenorrhoea.

ii) Perceived Barriers

Adolescents lack of knowledge and ignorance acting as a barrier, eventhough they are able to practice.

iii) Perceived Self Efficacy

Adolescents must realise the importance of management of primary dysmenorrhoea.

iv) Activity Related Affect

Some of the adolescents activity affect the practice of management of primary dysmenorrhoea such as nature of study, workload and physiological imbalance.

v) Interpersonal Influences

Researchers are to influence adolescents to undergo the IEC programme on management of primary dysmenorrhoea.

vi) Situational Influences

Adolescents need to practice any one of the management of primary dysmenorrhoea based on teaching.

III. BEHAVIOURAL OUTCOME

i) Immediate change of practice from low control to high control:

Here they may immediately change their practice due to an advantages of management of primary dysmenorrhoea successive rate.

ii) Health promoting behaviour

Adolescents gain knowledge. Thereby adolescents health status will be maintained without affecting their health in future.

iii) Commitment to plan of action

Adolescents will make a decision to follow benefifts of management of primary dysmenorrhoea.

The model, Pender N. Health Promotion Model, is best suited for this study which was undertaken to determine the knowledge and expressed practice on management of primary dysmenorrhoea among adolescents, using pre-test and post-test method.

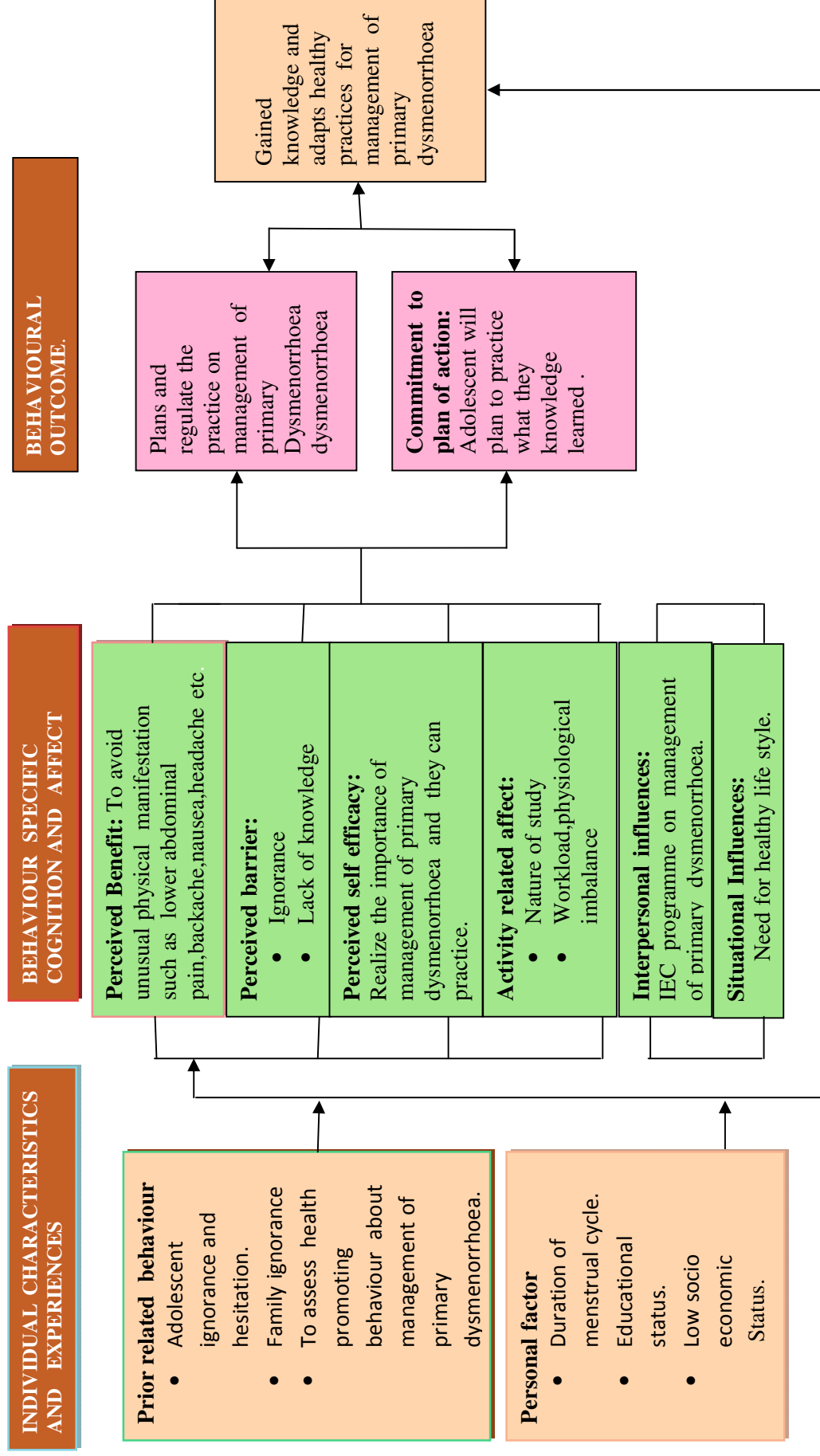


FIGURE-1 CONCEPTUAL FRAMEWORK-PENDER N.HEALTH PROMOTION MODEL (2006-REVISED)

CHAPTER – III

RESEARCH METHODOLOGY

Methodology of research refers to investigations of the ways of obtaining, organizing and analyzing data .Methodology studies address the development, validation and evaluation of research tools or methods. (polit,2004).

This chapter deals with research approach, research design, setting, sample and sampling technique, criteria for sample selection, sample size, development and description of the tool, validity, reliability, pilot study, data collection procedure, plan for data analysis.

RESEARCH APPROACH

The research approach used for this study was evaluative approach.

RESEARCH DESIGN

Research design is the over all plan for addressing a research question, including specifications for enhancing,the integrity of the study. (Polit-1999)

The investigator has selected a pre experimental design- one group pretest- post test design for this study.

O1 X O2

O1 - pre-test assessment of knowledge and expressed practice of a group (or) sample.

- X - Administration of IEC package
- O2 - post-test assessment of knowledge and expressed practice of a group (or)sample.

SETTING OF THIS STUDY

The study was conducted at Girls Higher Secondary School in srirangam, Trichy. The school is located at a distance of about 1km away from the Dr.G.Sakunthala College of Nursing, Trichy. The school has both tamil and English medium of instruction..There are five and more sections in each class.Each section has 70 to 90 students. The investigator selected this school for the study because of the feasibility and availability of the subjects for data collection.

POPULATION

The target population of this study was adolescent girls with primary dysmenorrhoea.

SAMPLE

The sample of this study consisted of adolescent girls with primary dysmenorrhoea who were in age group of (14-19years) in Girls Higher Secondary School, Trichy.

SAMPLE SIZE

The sample size consisted of 30 adolescent girls with primary dysmenorrhoea.

SAMPLING TECHNIQUE

The sampling technique used for this study was non-probability convenience sampling technique.

SELECTION CRITERIA

Inclusion criteria

Adolescent girls who were:

1. 14-19 years old.
2. Having primary dysmenorrhoea.
3. Willing to participate in this study.
4. Present at the time of data collection.

Exclusion Criteria

1. Adolescent girls who had normal menstruation without pain.
2. Adolescent girls with age group of below 14 years and above 19 years.

RESEARCH TOOLS AND TECHNIQUE

The tool consisted of background data ,knowledge and expressed practice questionnaire on management of primary dysmenorrhoea.

DESCRIPTION OF TOOL

Section 1

Consisted of background variables of adolescent girls includes age, religion,, educational status, occupation ,Income of the family, source of information, residence, type of family.

Section 2

The second part of the tool consisted of 15 knowledge questionnaire to assess the knowledge related to management of primary dysmenorrhoea.(includes definition, causes, signs and symptoms, assessment and management).

Section3

Consisted of the questionnaire on expressed practice regarding management of primary dysmenorrhoea such as diet, exercise, heat therapy and home management.

SCORING PROCEDURE

The total score of multiple choice items on knowledge regarding management of primary dysmenorrhoea was 15. Each item was given '1' for correct answer and '0' mark for wrong answer.

Part 1

The knowledge score was ranged as follows:

Level of knowledge	:	score
Adequate	:	76-100%
Moderately adequate	:	51-75%
Inadequate	:	0-50%

Part 2

Regarding questionnaire on expressed practice, it consisted of 15 items likert rating scale with options (always, sometimes, never). The positive to negative responses was scored from two to zero.

The expressed practice score was ranged as follows:

Level of practice	:	score
Favourable practice	:	76-100%
Moderately favourable practice:		51-75%
Unfavourable practice	:	0-50%

VALIDITY

The tool was evaluated by 5 experts who were requested to give their valuable suggestion about the content areas, relevance clarity and appropriate need of the items. The expert included were five nursing experts specialized in maternity nursing and two doctors specializes in obstetric and gynaecology and one statisticians specialized in statistics. The questionnaire were developed by the investigator was based upon the review of literature. Items were modified based on their suggestions.

RELIABILITY

To ensure feasibility, the tools were administered 5 adolescents girls, who were not included in the study. Reliability of the tool was assed by using split half method by using sperman brown formula. The reliability of the questionnaire was (knowledge score $r = 0.8$ and expressed practice score $r = 0.75$).Hence the tool was reliable.

PILOT STUDY

After obtaining permission from the authority concerned, a pilot study was carried with 5 adolescents girls in Thiruvanaï Kovil high school during 21.6.10 to 17.7.10. After administering the pretest IEC was given. After the next menstrual cycle, the post test was given to find out the effectiveness of IEC package. The pilot study was designed to find out feasibility of the tool and practicability of designed methodology. The pilot study samples were excluded from the study. There was no modification done in study.

DATA COLLECTION PROCEDURE

The period of data collection was started from 17.7.10-28.8.10 before starting the study, the investigator obtained formal permission from the headmistress of srirangam girls higher secondary school. After obtaining permission adolescent girls with primary dysmenorrhoea were identified. samples were selected with convenience sampling technique and pre experimental one group pretest and post test design was used. The timing of data collection was from 10am to 4pm according to the convenience of adolescent girls. Ten adolescent girls were selected perday depending upon their availability.

The pretest questionnaire was administered for each adolescent and the IEC package was administered on the same day after a interval of time based on their score. Explanation was given through power point presentation regarding physiology of menstruation and dietary management of primary dysmenorrhoea for 30mts .Next day, the demonstration of ginger tea for 15 mts was done by the investigator.

Then, handout about management of primary dysmenorrhoea was given. The adequate time was given to all study sample to clarify their doubts.

After the completion of subsequent menstrual cycle, post test questionnaire was administered.

PLAN FOR DATA ANALYSIS

All the analysis was done by SPSS 13th version.

The data would be analysed using descriptive and inferential statistics based on the objectives of the study.

Background data would be analysed using frequency percentage. Paired 'T' test would be used to find out the effectiveness of IEC among adolescent girls.

Correlation would be used to determine the relationship between knowledge and expressed practice.

Chi-square test would be used to find out the association among knowledge and expressed practice on management of primary dysmenorrhoea with selected background variables using spss 13th version.

ETHICAL CONSIDERATION

The research proposal was approved by the dissertation committee of institution prior to pilot study. Permission was obtained from the principal Girls Higher Secondary School. The oral consent was obtained from each participants of the study before starting data collection. The adolescent girls were informed that they were free to drop out from the study at any time.

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

The data themselves do not provide answer to research questions. So the data need to be processed and analyzed in an orderly coherent fashion. After the analysis, they must be systematically interpreted. Interpretation is the process of making sense of the results and examining their implications.

This chapter deals with the description of the sample, analysis and interpretation of data to evaluate the effectiveness of information, education and communication package among adolescent girls with primary dysmenorrhoea. The obtained data have been classified, grouped and analyzed statistically based on the objectives of the study.

OBJECTIVES

1. To assess the knowledge regarding the management of primary dysmenorrhea before and after IEC.
2. To assess the expressed practice regarding the management of primary dysmenorrhea before and after IEC.
3. To determine the relationship between knowledge and expressed practice regarding management of primary dysmenorrhoea.
4. To find out the association of knowledge on management of primary dysmenorrhoea with selected background variables.
5. To find out the association of expressed practices on management of primary dysmenorrhoea with selected background variables.

ANALYSIS AND INTERPRETATION OF THE FINDINGS

The analysis of the data has been organized and presented under the following headings:

- Section – I : Ferquency, Percentage distribution of samples according to background variables.
- Section – II : Knowledge and expressed practice scores of adolescent girls with primary dysmenorrhoea before and after IEC package administration.
- Section – III : Comparison of mean scores between pretest and posttest.
- Section – IV : Correlation between knowledge and expressed practices scores of pre test and post test.
- Section – V : Association between background variables and post test level of knowledge and post level of expressed practice of adolescent girls with primary dysmenorrhoea.

SECTION – I

This section deals with the background variables of the sample.

Table – I

Frequency and percentage distribution of samples according to their background variables.

			N=30
S. NO	Background variables	f	%
1.	Age of the adolescent		
	a)14-15 years	19	63
	b)15.1-17 years	10	33
	c)17.1-19 years	1	3
2.	Religion		
	a)Hindu	26	87
	b)Muslim	2	7
	c)Christian	2	7
3.	Educational status of the mother		
	a)illiterate	10	33
	b)primary education	9	30
	c)Higher secondary education and above	11	37
4.	Income of family in Rupees.		
	a)<5000	5	3
	b)5001-10,000	15	50
	c)>10,000	10	47
5.	Residence		
	a)urban	21	70
	b)Rural	9	30
6.	Source of information		
	a)Health professionals	9	30
	b)Mass media.	21	70
	c) Family members	-	-
7.	Type of family		
	a)Nuclear family	25	83
	b) Joint family	5	17

Table1 describes the frequency and percentage distribution of background variables.

The following influences could be made are

Majority of them 19 (63) were at the age group of 14-15 years, 10(33) of them were 16-17 years, least of them (1) were at the age group of (18-19 years).

Educational status of the mother shows that 11(37) majority of them were educated at the level of higher secondary and graduates, 10(33) of them were illiterate, least of them were 9 (30) of them were educated primary education level.

Religion shows that most of them 26(87) belongs to hindu, 2(7) were from Christian and Muslims.

Family monthly income shows that 10(47) of them were earning more than above Rs.10,000 and 15(50) of them were earning between Rs. 5001 to 10,000, least of them 5(3) were earning less than Rs.5000.

Source of information shows that most of the girls 21(70) were get information from mass media, least of them 9(30) were get information from health professionals.

Majority of the study subjects 21 (70) of them were living in urban, least of them 9(30) were living in rural area.

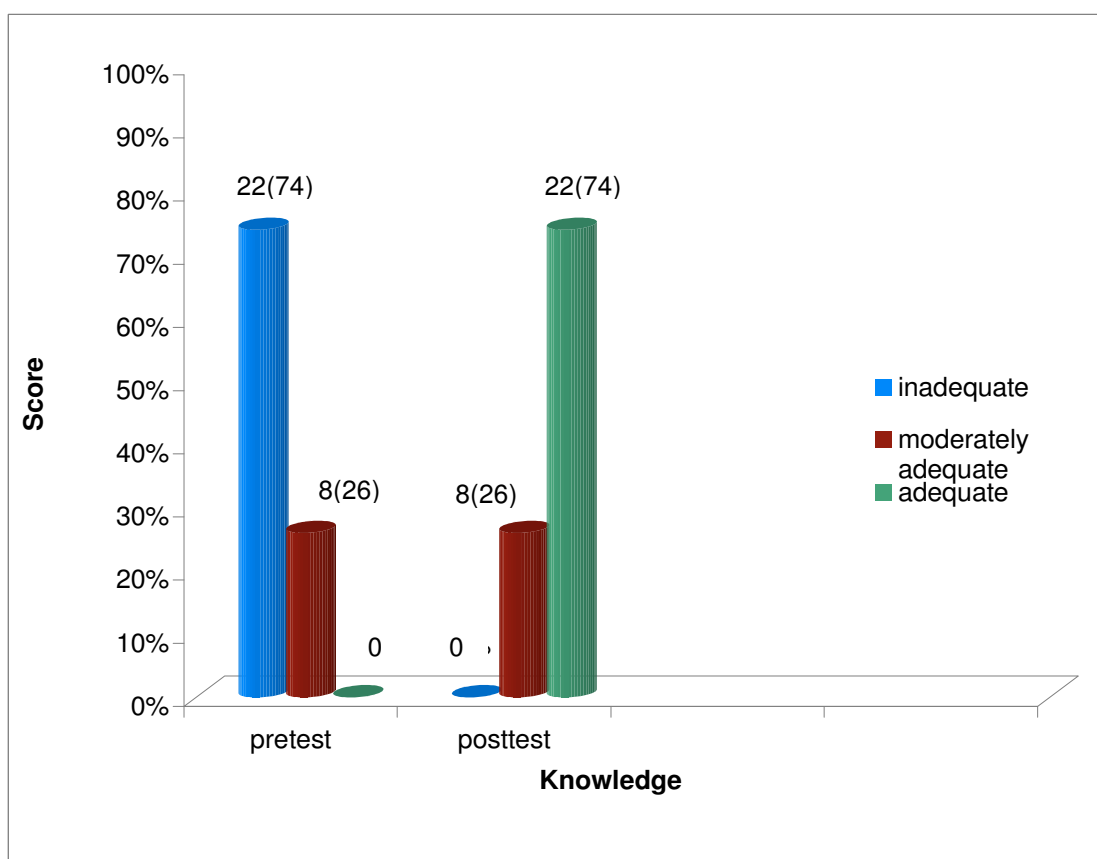
Most of the study subject 25 (83) of them were from nuclear family, 5(17) of them were joint family.

SECTION-II

This section deals with the knowledge scores before and after IEC package.

Figure – 2.

percentage distribution of knowledge scores of adolescent girls with primary dysmenorrhoea before and after IEC package .



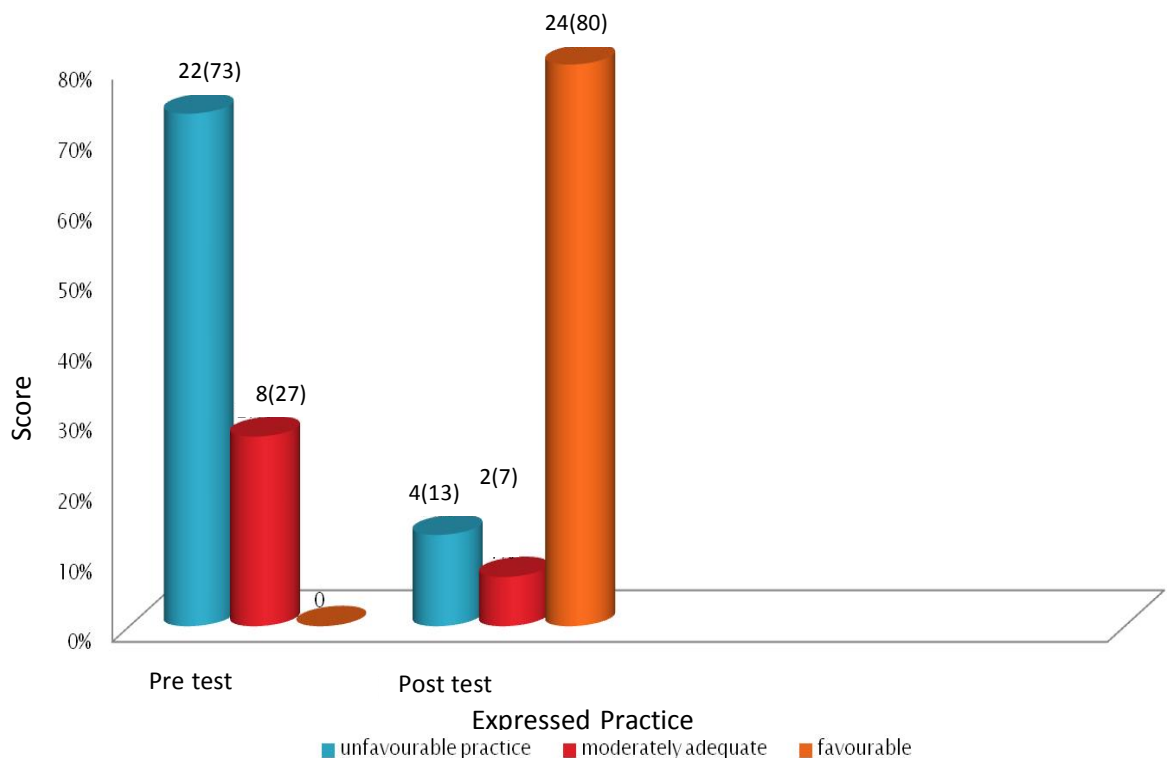
The following inferences could be made are

Figure -2 shows that the level of knowledge during pretest was 22 (74 %) of them had inadequate knowledge and 8 (26) of them had moderately adequate knowledge as shown in fig (2). Whereas during

the post test 8(26) of them had moderately adequate knowledge and (22)74 of them had adequate knowledge.

Figure – 3

Percentage distribution of expressed practice scores of adolescent girls with primary dysmenorrhoea before and after the IEC package.



The following inferences could be made are.

The figure -3 shows that the level of expressed practice during pretest was 22(73) of them had unfavorable practice , 8(27) of them had moderately favorable (0) of them had favorable practice. whereas during post test 4(13) of them had unfavorable practice, 2(7) of them had moderately favorable practice, 24 (80) had favorable practice.

SECTION – III

This section deals with the comparison of mean scores between pretest and posttest knowledge and expressed practice scores of adolescent girls with primary dysmenorrhoea before and after IEC administration.

Table-2

Comparison of mean scores between pretest and posttest knowledge and expressed practice scores of adolescents girls with primary dysmenorrhoea.

Components	pretest Mean	post test Mean	Mean Difference	Standard Deviation	paired t test
Knowledge	48.62	82.40	33.78	15.191	12.179*
Expressed practice	49.00	84.79	35.79	17.362	11.290*

*Significant at $p < 0.05$ level.

Table – 2 describes the comparison of mean pretest and posttest level of knowledge and expressed practice scores before and after IEC package administration.

The inferences made are

The mean posttest knowledge (82.40) was higher than the mean pretest knowledge (48.62) with the standard deviation (15.191) and the obtained t' value ($t=12.179$) was significant at $p < 0.05$ level where as the mean posttest expressed practice (84.79) was higher than the mean pretest expressed practice (49.00) with the standard deviation (17.362) and the obtained ' t ' value ($t=11.290$) was significant at $p < 0.05$.

so the research hypothesis (1) and (2) was accepted.

SECTION – IV

This section deals with the correlation between knowledge and expressed practices scores of the post test questionnaire.

Table-3

Correlation between knowledge and expressed practice of adolescent girls with primary dysmenorrhoea after IEC administration.

Item	Mean scores	SD	Correlation coefficient(r)
Post test Knowledge	82.40	15.191	0.838**
Post test Expressed practice	84.79	17.362	

** significant at $p < 0.01$ level.

Table – 3 describes the correlation between knowledge and expressed practice scores of the post test.

The inferences made are

There was a positive correlation ($r=0.838^{**}$) between the post test level of knowledge (mean=82.40, standard deviation=15.191) and the post test level of expressed practice (mean=84.79, standard deviation=17.362) regarding management of primary dysmenorrhoea. Hence the stated hypothesis 3(H3) was accepted.

SECTION – V

This section deals with the association between selected background variables of the sample and the post test knowledge .

Table-4

Association between the selected background variables and the posttest knowledge of adolescent girls with primary dysmenorrhoea.

S.No	Background variables	Moderately adequate	Adequate	χ^2
1.	1. Age of the adolescent.			
	a)14-15 years	2	17	
	b)15.1-17 years	5	5	8.065*
	c)17.1-19 years.	1	0	
2.	Religion			
	a) Hindu	8	18	
	b) Muslim	0	2	1.678
	c) Christian	0	2	
3.	Educational status of the mother			
	a) illiterate	5	2	9.773*
	b) primary education	4	7	
	c) Higher secondary education and above	0	11	
4.	Income of family in rupees			
	a) <5000	1	0	
	b) 5001-10,000	4	11	2.946s
	c) >10,000	3	11	
5.	Residence			
	a) urban	4	5	
	b) Rural	4	17	17.175*

(cont...)

6.	Source of information.			
	a) Health professionals	4	5	2.078
	b) Mass media	4	17	
	c) Family members	-	-	
7.	Type of family			
	a) Nuclear family	7	18	
	b) Joint family	1	4	0.136

significant at * $p < 0.05$ level.

The inferences made are

Significant association was found between the posttest knowledge and age($\chi^2=8.065$;df=2, $p < 0.05$), educational status of the mother($\chi^2=9.773$;df=2; $p < 0.05$), residence($\chi^2=17.175$;df=1; $p < 0.05$), with post test level of knowledge at $p < 0.05$ level .There is no significant association found between the posttest knowledge and selected background variables such as religion, income, source of information ,type of family at $p < 0.05$ level.

Therefore the stated research hypothesis 4 (H4) was accepted.

Table-5

Association between the background variables and the post test expressed practice of adolescent girls with primary dysmenorrhoea.

S.No	Background variables	Inadequate	Moderately Adequate	Adequate	χ^2
1.	1. Age of the adolescent				
	a)14-15 years	1	0	18	12.711*
	b)15.1-17 years	2	2	6	
	c)17.1-19 years	1	0	0	
2.	Religion				
	a)Hindu	4	2	20	1.154
	b)Muslim	0	0	2	
	c)Christian	0	0	2	
3.	Educational status of the mother				
	a)illiterate	3	2	5	9.347*
	b)primary education	1	0	8	
	c)Higher secondary education and above	0	0	11	
4.	Income of family				
	a)<5000	1	0	0	9.208*
	b)5001-10,000	2	2	11	
	c)>10,000	1	0	3	
6.	Residence				
	a)urban	1	0	20	1.556*
	b)Rural	3	2	4	
7.	Source of information				
	a)Health professionals	3	1	5	5.198
	b)Mass media.	1	1	19	
	c) Family members	0	0	0	
8.	Type of family				
	a)Nuclear family	4	1	20	2.400
	b)Joint family	0	1	4	

significant at * $p < 0.05$ level.

The inferences made are

Significant association was found between the posttest expressed practice and age($\chi^2 = 12.711$, $df = 4$, $p < 0.05$), education of mother ($\chi^2 = 9.347$, $df = 4$, $p < 0.05$), income of the family ($\chi^2 = 9.208$, $df = 4$, $p < 0.05$), residence ($\chi^2 = 1.556$, $df = 1$, $p < 0.05$). There is no significant association between the selected background variables such as religion, source of information, type of family and the post test level of expressed practice at $p < 0.05$ level.

Therefore the stated research hypothesis 5 (H5) was accepted.

CHAPTER – V

DISCUSSION

This chapter deals with the discussion of the study findings.

The study was done to determine the effectiveness of IEC package on management of primary dysmenorrhoea among adolescent girls. A pre-experimental design was used to conduct the study. Knowledge and expressed practice were assessed by self administered questionnaire and non-probability convenience sampling technique was used. The study sample consisted of 30 adolescent girls between 14-19 yrs of age. using the above tool, data were collected and analyzed and the study findings revealed the following;

Regarding distribution of samples according to their background variables

Table1 shows that 19(63)of them were at the age group of 14-15 years; educational status of the mother showed that 11(37) of them were educated at the level of higher secondary and graduates; religion showed that most of them belongs to hindu 26(87) ; family monthly income showed that 15 (50)of them were earning more than between 5001-10,000; residence showed that 20(70) of them were living in urban ; source of information showed that 21(70)of them were get information from mass media ;Type of family showed that 25(83) of them were from nuclear family.

Alaettin Unsal, Unal Ayranci, (2010) stated that there is a wide variation in the estimate of dysmenorrhea from studies around the world reporting a range between 28% and 71.7%. Studies on the prevalence of

menstrual pain have shown that many factors are younger age, early menarche, prolonged or aberrant menstrual flow, and pelvic infections.

Maryam Rostami. (2007) indicated that there was a significant correlation between dysmenorrhoea and certain biological factors, between menarche age and the severity of dysmenorrhoea and the duration of menstrual flow. Furthermore, early menarche was related to an increase in the severity of dysmenorrhoea.

In this study, it indicates that the most of the adolescents were under the age group of 14-17 years .

Atchuta Kameswararao Avasarala, Saibharghavi Panchangam (2008) did a comparative cross sectional study among adolescent school girls (101 girls in urban areas and 79 girls in rural areas) in the district of Karimnagar. Findings suggested that that Girls in rural areas resort to physical labor and other natural methods to obtain relief while the girls in urban areas are mainly depending on medications.

Investigator concluded that most of the adolescent girls were living in urban area and seeking information from health professionals regarding management of primary dysmenorrhoea. Different belief systems also influence attitudes to methods of pain relief. There are also clearly defined cultural influences which will determine whether or not an adolescent will seek medical help for menstrual problems, including her status within a particular society, her religion, mothers education .From this study, mothers education would be the best source for providing such information regarding management of primary dysmenorrhoea.

The first objective of the study was to assess the of knowledge regarding management of primary dysmenorrhoea among adolescent girls before and after IEC package administration.

In the present study, 22 (74) had inadequate knowledge and 8 (26) of them had moderately adequate knowledge regarding primary dysmenorrhoea management, during pretest as shown in fig (2). During the post test, 8(26) adolescent had moderately adequate knowledge and (22)74 of them had adequate knowledge.

The investigator found that, there was a significant increase in the level of knowledge in the mean post test (82.40) than the pre test mean value (48.62). with the standard deviation (15.191) and the obtained “t” value (12.179) was significant at $p < 0.05$ level at shown in table(2). It shows that inadequate knowledge during pretest was due to lack of information regarding management of primary dysmenorrhoea. The IEC package had improved their knowledge level during post test.

The investigator concluded that all adolescent girls need reassurance that menstruation is a normal function .When nurses are asked for advice regarding menstrual problem ,they have a valuable opportunity to engage in health teaching concerning menstrual physiology and hygiene, as well as the importance of well balanced diet, exercise, and general health maintenance.

These findings were supported by Adeyemi & D. A. Adekanle (2007) who stated that need for health education on effective management of dysmenorrhoea to prevent economic and social loss that had been identified with this condition.

These findings were supported by Eryilmazg.ozdemin (2009) who stated that school nurses also provide consultation services and arrange informative seminars to increase public awareness .

These findings were also supported by poureslami mohammad (2008) who stated that necessity of educating female students regarding management of primary dysmenorrhoea.

In hypothesis 1, (H1) it was stated that there may be a significant difference between pretest value and posttest level of knowledge on management of primary dysmenorrhoea. Since the obtained 't' value (12.179) was greater than the table value, thus the stated hypothesis (1) was accepted.

The second objective of this study was to assess the expressed practice regarding management of primary dysmenorrhoea among adolescent girls before and after IEC package administration.

In the present study, expressed practice regarding management of primary dysmenorrhoea 22(73) of them had unfavourable practice, 8(27) of them had moderately favourable , (0) of them had favourable practice during pretest and during post test, 4(13) of them had unfavourable practice, 2(7) of them had moderately favourable practice and 24 (80) had favourable practice.

There was a significant difference in the mean expressed practice score between pretest (49.00) and post test (84.79).with the standard deviation (17.362) and the obtained 't' Value (11.290) was significant at $p < 0.05$ level. This increase in post test scores may be due to the

effectiveness of IEC package. The investigator found that adolescent girls had unfavourable practice during pretest and favourable practice during post test.

The study findings showed that the educational level of the adolescents expressed practice was low before the IEC, package. Since they gained knowledge after IEC their expressed practice was also improved respectively. This shows the interest of adolescents to learn and to implement their learning into practice. Thus, findings suggest that increase in knowledge may increase the expressed practice because adolescents got awareness during the IEC

These findings were supported by Chung-Hey Chen et al(2006) who stated that modification of practice regarding diet and exercise will help to reduce primary dysmenorrhoea.

These findings were also supported by Giti Ozgoli, et al (2007) who stated that practice of consuming Ginger capsule was as effective as mefenamic acid and ibuprofen in relieving pain in women with primary dysmenorrhea.

In hypothesis 2 (H2) it was stated that there will be a significant difference between pretest and posttest level of expressed practice. This hypothesis was accepted by study findings.

The third objective of the study was to correlate the knowledge and expressed practice regarding management of primary dysmenorrhoea among adolescent girls.

As per study findings, there was a positive correlation ($r=0.838^{**}$) between the post test level of knowledge (mean=82.40, standard deviation=15.191) and the post test level of expressed practice (mean=84.79, standard deviation=17.362) regarding management of primary dysmenorrhoea. Hence, the stated hypothesis 3(H3) was accepted.

Comparing to the pretest, in the post test, the adolescents shows improvement in their knowledge as well as expressed practice. These findings suggest that increase in knowledge may increase the expressed practice because the adolescent girls may be aware of the rationale for their practice.

These findings were contradicted with the findings of Poureslami Mohammad (2008) who stated that having knowledge by itself does not guarantee the adoption of healthy behavior. A change in beliefs and attitudes is imperative to ensure optimal behaviour and the promotional of a healthy life style.

In the corresponding hypothesis 3 (H3), it was stated that there will be a significant change in knowledge and expressed practice regarding management of primary dysmenorrhoea among adolescent girls. Since the calculated 'r' value (0.838^{**}) is greater than the tabulated value, the stated hypothesis was accepted.

The fourth objective of the study was to associate the selected background variables (age, religion, mothers education, source of information, income of the family, residence, type of family,) with post test level of knowledge.

The association of adolescent girls with management of primary dysmenorrhoea tested using chi-square test. The present study showed that there was a significant association between the selected background variables such as age, educational status of mother, residence and the post test level of knowledge at $p < 0.05$ level. But there was no association between post test level of knowledge and the selected background variables such as religion, income of the family, source of information, type of family at $p < 0.05$ level.

In hypothesis 4 (H4) it was stated that there will be a significant association between the knowledge on management of primary dysmenorrhoea among adolescents with selected background variables.

Since the calculated chi-square value of age ($\chi^2 = 8.065$; $df = 2$, $p < 0.05$), educational status of the mother ($\chi^2 = 9.773$; $df = 2$; $p < 0.05$), residence ($\chi^2 = 17.175$; $df = 1$; $p < 0.05$) were greater than the table value.

Therefore, the research hypothesis 4(H4) was accepted.

In this study, the association between the background variables and adolescents knowledge may directly influenced by their age, educational status of the mother and residence.

These data suggest that there is substantial ignorance or misinformation among adolescent females regarding effective treatment for dysmenorrhoea. The prevalence and incidence of middle adolescence (15-17 years) provides evidence for the continuing importance of dysmenorrhoea as public health problem of this age group. Discussion of

effective therapeutic options for dysmenorrhoea should be part of routine health care visits for adolescent women.

These findings were supported by Dr. verna lee mun (2007) who stated that age was significantly related to primary dysmenorrhoea.

The fifth objective of the study was to associate the selected background variables (age, educational status of the mother, income of the family, residence, source of information, type of family with post test level of expressed practice.

The present study showed that there was a significant association between the selected background variables such as age, education of mother income of the family, residence and the post test level of expressed practice at $p < 0.05$ level.

The investigator found that the age, educational status of the mother, income of the family, residence had impact on the practice. But there was no significant association the selected background variables such as religion, source of information, type of family and the post test level of expressed practice at $p < 0.05$ level.

In hypothesis 5(H5) was stated that there will be a significant association between expressed practice on management of primary dysmenorrhoea with selected background variables . since the calculated value of age ($\chi^2 = 12.711$, $df = 4$, $p < 0.05$) education of mother ($\chi^2 = 9.347$, $df = 4$, $p < 0.05$) income of the family ($\chi^2 = 9.208$, $df = 4$, $p < 0.05$), residence ($\chi^2 = 1.556$, $df = 1$, $p < 0.05$) are greater than table value.

Therefore, the research hypothesis 5(H5) was accepted.

The background variables of this study indicate that adolescents expressed practice may be directly influenced by their age, mother's education, income of the family and residence. Their income was moderately adequate. No one had difficulty in access to information in urban area. So, the participants in urban area in the present study have an access to the information through mass media.

Further more, the results of this study indicate a need for the establishment of a comprehensive school health education programme with strong familial input and strategies that address the management of primary dysmenorrhoea. In addition, at the community level, the mothers of young girls should be educated about dysmenorrhoea management and be empowered with the necessary skills to communicate with their children.

These findings were contradicted with the findings of S. Ohdeya et al (2007) who stated that dysmenorrhea is common in Japanese women. Dysmenorrhea is significantly associated with younger age and employment status.

CHAPTER – VI

SUMMARY, DISCUSSION, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS.

This chapter presents the summary of the study and conclusion drawn. It clarifies the limitation of the study, the implications and the recommendation in different areas like nursing practice, nursing education, nursing administration and nursing research.

SUMMARY OF THE STUDY

The purpose of the study to evaluate the effectiveness of Information Education Communication on knowledge and practice regarding management of primary dysmenorrhoea among adolescent girls. Review of literature gathered information regarding primary dysmenorrhoea management.

The conceptual model of this study was based on Penders Health promotion model. The study was conducted by using pre test-post test control group design. The instrument used for data collection was self administered knowledge questionnaire regarding management of primary dysmenorrhoea. Convenience sampling technique was used to select the sample.

Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (paired t test, correlation coefficient and chisquare) was used to to analyze the data and to test the hypothesis.

THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY:

1. To assess the knowledge regarding the management of primary dysmenorrhea before and after IEC.
2. To assess the expressed practices regarding the management of primary dysmenorrhea before and after IEC.
3. To determine the relationship between knowledge and expressed practice regarding management of primary dysmenorrhoea.
4. To find out the association of knowledge on management of primary dysmenorrhoea with selected background variables.
5. To find out the association of expressed practice on management of primary dysmenorrhoea with selected background variables.

HYPOTHESES OF THE STUDY

- H1 - There will be a significant improvement in the level of knowledge regarding management of primary dysmenorrhoea among adolescent girls after IEC.
- H2 - There will be a significant improvement in the level of expressed practice regarding management of primary dysmenorrhoea after IEC.
- H3 - There will be a significant relationship between the knowledge and expressed practice regarding management of dysmenorrhoea.
- H4 - There will be significant association between the level of Knowledge and selected background variables.
- H5 - There will be significant association between the expressed practice and background variables.

SIGNIFICANT FINDINGS OF THE STUDY

Regarding percentage distribution of sample according to background variables, most of the subjects were at the age group of 14-15 years.. Majority of them were Hindus. Most of the mothers were educated at the level of higher secondary and above and majority of them were in the nuclear family with a family income of between Rs.5001-10,000, living in urban area and most of them were their knowledge through mass media.

In the present study ,22(74) adolescent girls had inadequate knowledge and 8 (26)adolescent girls had moderately adequate knowledge ,regarding management of primary dysmenorrhoea during pre test shown in fig(2). During the post test, 8 (26) adolescent had moderately adequate knowledge and 22(74) of them had adequate knowledge.

In the present study, expressed practice regarding management of primary dysmenorrhoea 22(73) had unfavourable practice,8(26) of them had moderately unfavourable practice,0 favourable level of practice . During post-test, 4(13) of them had inadequate level of practice, 2(7) of them had moderately favourable practice and 24(80)of them had favourable practice.

The paired ‘ t’ test shows that the mean posttest knowledge (82.40) was higher than the mean pretest knowledge(48.62) with the standard deviation (15.191) and the obtained t’ value ($t=12.179$) was significant at $p<0.05$ level.

The mean posttest expressed practice (84.79) was higher than the mean pretest expressed practice (49.00) with the standard deviation (17.362) and the obtained 't' value ($t=11.290$) was significant at $p<0.05$.

The present study showed that there was a significant association between the selected background variables such as age ($\chi^2 = 8.065$; $df = 2$, $p < 0.05$), educational status of the mother ($\chi^2 = 9.773$; $df = 2$; $p < 0.05$), residence ($\chi^2 = 17.175$; $df = 1$; $p < 0.05$), with post test level of knowledge at $p < 0.05$ level. There was no significant association found between the post test level of knowledge and selected background variables of adolescents such as income of the family, source of information, religion and type of family.

The present study showed that there was significant association between the selected background variables such as age ($\chi^2 = 12.711$, $df = 4$, $p < 0.05$) education of mother ($\chi^2 = 9.347$, $df = 4$, $p < 0.05$) income of the family ($\chi^2 = 9.208$, $df = 4$, $p < 0.05$), residence ($\chi^2 = 1.556$, $df = 1$, $p < 0.05$) and the post test level of expressed practice at $p < 0.05$ level. There was no significant association found between the post test level of expressed practice and selected background variables of adolescents such as , source of information , religion and type of family.

CONCLUSION

Management of primary dysmenorrhoea is very important and more effective intervention for young adolescent girls.

The results of the study showed the effectiveness of educating female students about management of primary dysmenorrhoea at

schools, as many young girls also identified their peers as the best source for sharing and talking about their problems.

It improves the physical and mental health of adolescents. It reduces the signs and symptoms such as nausea, vomiting, headache etc, and enables the adolescents to do normal activity without any disruptions.

The adolescents have positive attitude towards management of primary dysmenorrhoea which provides them a chance to develop their health and reduce anxiety, stress and improves their confidence in taking care of their own health.

Moreover, students spend most of their daily time at schools, and they are at appropriate age to receive correct information, and to practise health-taking behaviors

Thus, the conclusion that could be drawn from this study is the necessity of educating young girls about sufficient and correct nutrition, appropriate diet, personal hygiene, exercise, and taking medication under doctor supervision during their menstrual period.

Furthermore, as it was reported, to decrease the severity of menstrual pain and to reduce the rate of absence from school, as well as, to prevent the possibility of getting secondary dysmenorrhoea, educating young girls at schools could be considered as the most effective, most efficient, and most time-saving method.

IMPLICATIONS

The findings of the study have several implications on nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE

Theses study findings will create the awareness among the adolescent girls regarding primary dysmenorrhoea management. It is important for nurses to render information through education in simple ways to enhance the adolescents knowledge.

The nurse must develop a self instructional module aimed at imparting knowledge on primary dysmenorrhoea management to the adolescent girls

Imparting knowledge regarding management of primary dysemnorrhoea can bring down secondary dysmenorrhoea and other complications. Repeated education (or) emphasis on the importance of balance diet, exercise, heat therapy, as they have direct bearing on management of primary dysmenorrhoea. The result of the study will help nurses to enlighten their knowledge on importance of health education.

Nursing Education

The practical knowledge of nurse depends upon the education they receive. So, the nursing education should prepare the nurses to realize their responsibility as “Nurse educator”.

The present study would help to nursing students to understand the advantages and importance of IEC package as a teaching tool. The nursing students will be able to understand the importance of primary

dysmenorrhoea management among adolescent from the study findings. This study would help the student nurses to understand the importance of education among adolescents regarding primary dysmenorrhoea. It helps them to know that simple measures like balanced diet and exercise can drastically make a change in primary dysmenorrhoea management.

Also in order to develop educational curricula for young girls, health education professionals should clearly recognize the association between a person's beliefs and attitudes, and her health behavior. Social, environmental, and cultural factors affecting adolescents' behavior should also be taken into account when imparting health education. By assessing these factors, health education providers would be able to come up with appropriate methods and strategies to empower and educate young girls to adopt necessary life skills that have a positive influence on their lifestyle.

Nursing Administration

Nursing administrators can formulate policies, which will include all nursing staff to be actively involved in health education programmes especially through IEC package in hospitals and community. The school health nurse administrator should initiate to carryout periods of survey on the prevalence of primary dysmenorrhoea management among the adolescent girls to take correction (or) preventive measures. They should also involve in designing and distributing health education materials like power point, audio visual aids, posters and handout ,slides model, cassettes that contain information on all aspects of management of primary dysmenorrhoea.

Nursing Research

The present study would help the future nurse researchers to carry out further studies in determining the needs of educating management of primary dysmenorrhoea and compare with present study findings. It can also be used for the future reference as reference as review of literature and this study can be replicated in several areas. Through my study I can practise evidence based research to disseminate the findings.

Extensive researches should be conducted in various settings regarding primary dysmenorrhoea management to identify the efficacy, feasibility, and acceptable. Nurses must develop newer instructional technology towards nursing education and nursing practice on management of primary dysmenorrhoea.

LIMITATION

1. The study was assessed only the adolescents knowledge and expressed practice and the actual practice could not be observed.
2. The study assessed only the adolescent's knowledge and expressed practice and the actual practice could not be observed.
3. There was no control on certain extraneous variables like source of information after the pretest.
4. The convenience sampling technique restricts the generalization.

RECOMMENDATIONS

Based on this study, the following recommendations are drawn:

1. A similar study could be conducted/replicated on a large sample to generalise the study findings

2. A comparative study could be conducted in rural and urban areas.
3. A similar study could be conducted to find out the prevalence of primary dysmenorrhoea .
4. A similar study could be conducted with problems encountered with primary dysmenorrhoea.
5. A similar study could be conducted regarding primary dysmenorrhoea and their association with dietary habits .
6. A similar study could be conducted by using experimental design.
7. A similar study could be conducted to find out the effectiveness of ginger remedy on management of dysmenorrhoea.
8. A similar study could be conducted to find out the effectiveness of exercise on management of primary dysmenorrhoea.

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APPENDIX – A
LETTER REQUESTING TO VALIDATION

From

Mrs. C. Manonmani,
II Year M.Sc (N),
Dr. G. Sakunthala College of Nursing,
T.V. Kovil,
Trichy – 5.

To

Through

The Principal,
Dr. G. Sakunthala College of Nursing,
T.V. Kovil,
Trichy – 5.

Respected Sir,

Sub: *Letter Requesting opinion and suggesting from Experts for establishing content validity of the tool.*

I am C. Manonmani, M.Sc. nursing student of Dr. G. Sakunthala College of Nursing, T.V. Kovil, Trichy – 5. As part of my course, I am doing study on the topic mentioned below.

‘A pre experimental study to determine the effectiveness of Information, education, communication package on knowledge and expressed practice regarding management of primary dysmenorrhea among adolescent girls at Girls Higher Secondary School in srirangam’.

May I request you to go through and validate the content of the tool. Please give your valuable suggestion for modifying the tool.

Thanking you,

Your's sincerely,
C. Manonmani,
II Year M.Sc (N) Student,

APPENDIX – A 1

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY OF RESEARCH TOOL

1. **Prof. Roseline Rachel,**
Principal,
Indira College of Nursing,
Thiruvallur.
2. **Prof. Dhanush,**
Principal,
Manukula Vinayagar College of Nursing,
Madhagadipet,
Pondicherry.
3. **Mrs. Terese,**
Principal,
Keerai Tamil Selvan College of Nursing.
4. **S. Petchiammal, M.Sc., (N),**
Principal,
Saraswathy College Nursing,
Thiruvananthapuram,
Kerala.
5. **Dr. Kanthamani., M. D., DGO., F.I.C.M.C.H.,**
Prof. In obstetrics and gynaecology
GVN Hospital, Trichy

APPENDIX - B

INSTRUMENT (ENGLISH) QUESTIONNAIRE ON PRIMARY MANAGEMENT

Introduction

Good morning, I am C.Manonmani, II nd year, M.SC., Nursing student of Dr.G.Sakunthala College of Nursing, Trichy. I will ask you a few questions regarding management of primary dysmenorrhoea. This is only for educational purpose. The confidentiality will be strictly maintained. Interview schedule to assess the knowledge of adolescent girls regarding management of primary dysmenorrhoea.

PART-1

BACKGROUND VARIABLES

INSTRUCTION

Please read every questions of item () and indicate the response that you choose against space provided.

TOOLS

BACKGROUND VARIABLES

Sample No.

1. Age:
 - a) 14-15 years
 - b) 15.1-17 years
 - c) 17.1-19 years

2. Religion
 - a) Hindu
 - b) Muslims
 - c) Christian

3. Educational status of the Mother
 - a) Illiterate
 - b) High school
 - c) Higher secondary and above

4. Income of the family in rupees
 - a) Rs.5000 below
 - b) Rs.5000-10,000/month
 - c) above 10,000/month

5. Residence
 - a) Urban
 - b) Rural

6. Source of information
 - a) Health professionals
 - b) Mass media
 - c) Family members.
7. Type of family
 - a) Nuclear family.
 - b) Joint family.

PART-II

QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING MANAGEMENT OF PRIMARY DYSMENORRHOEA

INSTRUCTIONS TO ADOLESCENTS

This is not a test,so please answer the Questionnaire without any hesitation.Your answer will be considered strictly confidential and will be used for the purpose of this only.

KNOWLEDGE QUESTIONNAIRE

1. what are the internal structures of the female reproductive organs?
 - a) vagina,uterus,fallopian tubes and ovaries ()
 - b) clitoris, labia majora ,labia minora ()
 - c) Hymen and the vestibular glands ()
 - d) Donot know ()

2. What are the parts of uterus?
 - a) Fundus only ()
 - b) Fundus, body, cervix ()
 - c) body only ()
 - d) Donot know ()

3. What is menstruation?
 - a) It is a series of changes in the uterus ()
 - b) changes takes place in the urinary bladder ()
 - c) changes takes place in the rectum ()
 - d) Donot know ()

4. What are the phases of menstruation?
 - a) proliferative phase ()
 - b) Secretary phase ()
 - c) Proliferative,secretary,menstrual phase ()
 - d) Donot know ()

5. How will you identify the normal menstrual cycle from the below?
a) Between 28 and 30 days ()
b) After 30 days ()
c) After 40 days ()
d) Do not know ()
6. When does the primary dysmenorrhoea begin?
a) onset within 3 months after menarche ()
b) onset within 6 months after menarche ()
c) onset within 2 years after menarche ()
d) Do not know ()
7. What are the causes of primary dysmenorrhoea?
a) Excessive secretions of prostaglandins ()
b) Increased secretions of progesterone and estrogen ()
c) Increased blood supply to the uterus ()
d) Do not know ()
8. What are the risk factors for primary dysmenorrhoea?
a) Normal menstrual flow ()
b) Early age at menarche < 12 yrs and positive family history ()
c) Scanty bleeding ()
d) Do not know ()
9. How does primary dysmenorrhoea manifest?
a) lower abdominal / pelvic pain that radiates to back and thigh ()
b) Regurgitation ()
c) Dry cough ()
d) Do not know ()
10. How does pain generally managed during menstruation?
a) Getting adequate rest, heating pad (or) hot bath ()
b) Taking adequate intake of water only ()
c) Severe exercise ()
d) Do not know ()

11. What are the dietary changes helps to relieve dysmenorrhoea?
a) Diet rich in cholesterol ()
b) Diet rich in calcium,magnesium, vitamin E and B, iron and fish oil supplements ()
c) Dietary intake such as salt ,caffeine, sugar ()
d) Donot know ()
12. How does heating pad (or)hot water bottle on the abdomen (or) back helps to relieve menstrual cramps?
a) It increases blood supply ()
b) It decreases blood supply ()
c) It increases the hormone level ()
d) Donot know ()
13. What are the iron rich foods?
a) Roots and tubers ()
b) Milk and milk products only ()
c) Green leafy vegetables, cereals, jaggery, egg meat ()
d) Donot know ()
14. How does exercise helps to relieve menstrual cramps?
a) Brain's production of endorphins. ()
b) It increases the hormone level ()
c) It increases blood supply ()
d) Donot know ()
15. What kind of self care can to relieve menstrual crams?
a) A warm bath to abdomen,back and massage ()
b) Ginger tea and exercise regularly ()
c) Both A and B ()
d) Donot know ()
16. What are all the follow up measures to relieve menstrual cramp?
a) Taking multivitamins and minerals supplements regularly()
b) Taking salt ,sugar,caffeine excessively ()
c) Taking cholesterol rich content diet ()
d) Donot know ()

PART – III

EXPRESSED PRACTICE QUESTIONNAIRE

S. No	Questionnaire	Always	Some times	Never
1.	Do you take adequate rest during dysmenorrhoea?			
2.	Do you take a adequate intake of iron and vitamin B rich food?			
3.	Do you take adequate intake of milk (or) calcium supplements during dysmenorrhoea?			
4.	Do you take heating pad (or) hot water bath application to lower abdomen and back during dysmenorrhoea?			
5.	Do you take adequate intake of water every day?			
6.	Do you take adequate intake of fish and fish oil supplements?			
7.	Do you perform regular exercise?			
8.	Do you perform regular yoga?			
9.	Do you take any pain relieving medication during dysmenorrhoea?			
10.	Do you take ginger tea and other home preparation during dysmenorrhoea?			
11.	Do you listen music as entertainmetduring dysmenorrhoea?			
12.	Do you read good books during dysmenorrhoea?			
13.	Do you watch funny games (or)play inddor games during dysmenorrhoea?			
14.	Do you take regular intake of multivitamins and minerals supplements ?			
15.	Do you take any self medication during dysmenorrhoea?			

டாக்டர் ஜி.சகுந்தலா செவிலியர் கல்லூரி, திருச்சி-5

நேர்முக தேர்வின் வடிவமைப்பு – தமிழாக்கம்

பகுதி 1: வளரினம் பெண்கள் பற்றிய விவரம்

குறிப்பு: பின்வரும் விவரங்களை கவனமாகப் படித்து சரியான பதிலுக்கு அதன் பக்கவாட்டில் டிக் ()

1. வளரினம் பெண்ணின் வயது
அ) 14-15 வயது
ஆ) 15-16 வயது
இ) 16-17
ஈ) தெரியவில்லை
2. வளரினம் பெண்ணின் மதம்
அ) இந்து
ஆ) முஸ்லீம்
இ) கிறிஸ்தியன்
ஈ) தெரியவில்லை
3. தாயின் கல்வி நிலை
அ) படிக்காதவர்
ஆ) தொடக்க கல்வி வரை
இ) மேல்நிலைக்கல்வி மற்றும் அதற்கு மேல்
ஈ) தெரியவில்லை
4. குடும்ப மாத வருமானம்
அ) ரூ. 1500க்கு கீழ்
ஆ) 5001 - 10,000
இ) ரூ.10,000ற்கு மேல்
ஈ) தெரியவில்லை
5. இருப்பிடம்
அ) நகரம்
ஆ) கிராமம்
6. விபரங்களை பெறுவது
அ) மருத்துவ பிரிவில்
ஆ) விளம்பரங்களின் இருந்து
இ) குடும்ப நபர்களிடமிருந்து உள்ள நபர்களிடமிருந்து
7. குடும்ப வகை
அ) தனிக் குடும்பம்
ஆ) கூட்டுக்குடும்பம்

நேர்முக தேர்வின் வடிவமைப்பு – தமிழாக்கம்

பகுதி – 2: அறியுர்வமான கேள்விகள்

1. பொண்கள் இனப்பெருக்க மண்டலத்தின் உள் உறுப்புக்ள என்னென்ன?
அ) பிறப்புறுப்பு, கர்ப்பை பெலோடியன் டியூப் (குழாய்), முட்டைப்பை
ஆ) லேபியா மெஜேரோ, லேபியா மைனோரா, கிளைடோரிஸ்
இ) ஹைமன், மற்றும் வெஷ்டிபலார் சுரப்பிகள்
ஈ) தெரியவில்லை
2. கர்ப்பையின் பாகங்கள் என்ன?
அ) தலைப்பாகம் மட்டும்
ஆ) தலைப்பாகம், உடல்பாகம், மற்றும் பிறப்புறுப்பு வாய்
இ) உடல்பாகம் மட்டும்
ஈ) தெரியவில்லை
3. மாதவிடாய் என்றால் என்ன?
அ) கர்ப்பையில் நடக்கும் மாற்றங்கள்
ஆ) சிறுநீர்ப்பையில் நடக்கும் மாற்றங்கள்
இ) மலக்குடலில் நடக்கும் மாற்றங்கள்
ஈ) தெரியவில்லை
4. மாதவிடாய் நிலைகள் என்னென்ன?
அ) பராலிபரேடிவ் நிலை
ஆ) செக்ரீடரி நிலை
இ) புரோலி பரேடிவ், செக்ரீடரி மாதவிடாய் நிலை
ஈ) தெரியவில்லை
5. சரியான மாதவிடாய் சுழற்சி என்றால் என்ன?
அ) 28 முதல் 30 நாட்களுக்கு ஒரு முறை
ஆ) 30 நாட்களுக்கு மேல்
இ) 40 நாட்களுக்கு மேல்
ஈ) தெரியவில்லை
6. முதல் நிலை மாதவிடாய் வலி எப்போது வரும்?
அ) பூப்பெய்தல் இருந்து மூன்று மாதத்திற்குள்
ஆ) பூப்பெய்தலில் இருந்து ஆறு மாதத்திற்குள்
இ) பூப்பெய்தலில் இருந்து இரண்டு வருடத்திற்குள்
ஈ) தெரியவில்லை

7. முதன்மை நிலை வலியுடன் கூடிய மாதவிடாய்க்கான காரணங்கள் யாவை?
- அ) அதிகமாக பிராஸ்டோகிளாண்டின் சுரப்பதால்
 ஆ) அதிகமாக இரத்த ஓட்டம் கருப்பைக்குள் செல்வதால்
 இ) அதிகமாக ப்ரோஜஸ்டிரான் மற்றும் ஈஸ்டிரோஜன் சுரப்பதால்
 ஈ) தெரியவில்லை
8. முதன்மைநிலை வலியுடன் கூடிய மாதவிடாய் வருவதற்கான வாய்ப்புகள் என்ன?
- அ) குறைவான உதிர்போக்கு நீண்டநாட்களாக இருப்பதால்
 ஆ) குடும்பத்தில் உள்ள நபர்களுக்கு இருந்திருப்பதால் மற்றும் 12 வயதிற்குட்பட்ட வாந்தி வருகின்ற மாதிரி இடுப்பு, தொடை, காலில் வலி
 இ) முப்பதற்கு வயதிற்குமேல்
 ஈ) தெரியவில்லை
9. முதன்மை நிலை வலியுடன் கூடிய மாதவிடாயினால் வரக்கூடிய தொந்தரவுகள் என்ன?
- அ) அடிவயிற்றில் வலி மற்றும் இடுப்பு, தொடை, காலில் வலி
 ஆ) வாந்தி வருகின்ற மாதிரி உள்ள அறிகுறி மற்றும் வாந்தி
 இ) இருமல்
 ஈ) தெரியவில்லை
10. முதன்மைநிலை மாதவிடாய் வகைகான சிகிச்சை என்ன?
- அ) முறையான ஓய்வு வெந்நீரால் ஒத்திரம் கொடுத்தல்
 ஆ) போதுமான அளவு நீர் மற்றும் இஞ்சி தேனீர் பருகதல் மற்றும் உடற்பயிற்சி
 இ) இவை அனைத்தும்
 ஈ) தெரியவில்லை
11. என்ன உணவுமுறை மாற்றங்கள் முதல்நிலை மாதவிடாய் வலிக்கு உதவி செய்கின்றன?
- அ) கொழுப்பு நிறைந்த உணவு வகைகள் மட்டும் போதுமானது
 ஆ) கால்சியம், இரும்புசத்து, மீன் மற்றும் மீன் எண்ணெய், வைட்டமின்கள் இ மற்றும் பி ஆகியவை
 இ) உப்பு மற்றும் சர்க்கரை நிறைந்தவை
 ஈ) தெரியவில்லை

12. வெந்நீர் ஒத்திரத்தை அடிவயிறு மற்றும் முதுகுபுறத்தில் வைப்பதால் என்ன மாற்றங்கள் நிகழும்?
- அ) இரத்தஓட்டம்
ஆ) இரத்த ஓட்டம்
இ) ஹார்மோன்களின் அளவு அதிகரிக்கிறது.
ஈ) தெரியவில்லை
13. இரும்புசத்து நிறைந்த உணவுகள் யாவை?
- அ) கிழங்கு வகைகள்
ஆ) பால் மற்றும் பால்பொருட்கள் மட்டும்
இ) கீரைவகைகள், வெல்லம் முட்டை கறி
ஈ) தெரியவில்லை
14. உடற்பயிற்சி எவ்வாறு முதல்நிலை மாதவிடாய் வலிக்கு உதவுகிறது?
- அ) என்டார்பின் என்ற ஹார்மோன் சுரப்பதால் வலி குறைகிறது.
ஆ) இதனால் உடலின் உள்ள திசுக்களின் வளர்ச்சி அதிகரிக்கிறது
இ) இரத்த ஓட்டம் குறைவாக செல்வதால்
ஈ) தெரியவில்லை
15. முதன்மை நிலை மாதவிடாய் வலியை குறைக்க என்னென்ன கடைபிடிக்க வேண்டும்?
- அ) வைட்டமின்கள் மற்றும் மினரல் சத்து மாத்திரைகளை தொடர்ந்து உட்கொள்ளுதல்
ஆ) சர்க்கரை, உப்பு உள்ள உணவுப்பொருட்களை தொடர்ந்து உபயோகிக்க வேண்டும்
இ) வலிநிவாரணி மருந்தை தொடர்ந்து உபயோகிக்க வேண்டும்
ஈ) தெரியவில்லை

பகுதி - 3: முதன்மைநிலை மாதவிடாய் வலி செயல்முறை பற்றிய கேள்வி

வ. எண்	பழக்கவழக்கங்கள்	எப்பொழுதும்	எப்பொழுதாவது	ஒரு போதுமில்லை
1.	நீங்கள் தேவையான அளவு ஓய்வு முதன்மை நிலை மாதவிடாய் வலியின் போது எடுப்பீர்களா?			
2.	நீங்கள் தேவையான அளவு இரும்புச்சத்து மற்றும் வைட்டமின் பி சத்து உணவு பொருட்கள் சாப்பிடுவீர்களா?			
3.	நீங்கள் தேவையான அளவு பால் மற்றும் கால்சியம் சத்து உணவுப் பொருட்களை எடுப்பீர்களா?			
4.	நீங்கள் வெந்நீர் உள்ள பாட்டிலால் ஒத்திரம் கொடுப்பீர்களா?			
5.	நீங்கள் மீன் மற்றும் மீன் எண்ணெய் உணவுப்பொருட்கள் எடுப்பதுண்டா?			
6.	நீங்கள் தினமும் உடற்பயிற்சி செய்வீர்களா?			
7.	நீங்கள் தினமும் உடற்பயிற்சி செய்வீர்களா?			
8.	நீங்கள் தினமும் யோகா செய்வீர்களா?			
9.	நீங்கள் வலியின் போது ஏதாவது வலி நிவாரணி மாத்திரைகள் எடுப்பதுண்டா?			
10.	நீங்கள் இஞ்சி தேனீர் பருகுவது மற்றும் இதர வீட்டு சிகிச்சை செய்வதுண்டா?			
11.	நீங்கள் விரும்பி இசையை வலியின்போது கேட்பதுண்டா?			
12.	நீங்கள் வலியின்போது நல்ல புத்தகங்கள் படிப்பதுண்டா?			
13.	நீங்கள் வலியின் போது வீட்டில் விளையாட கூடிய விளையாட்டை விளையாடுவீர்களா?			
14.	நீங்கள் மினரல் மற்றும் வைட்டமின்கள் நிறைந்த மாத்திரைகளை எடுப்பதுண்டா?			
15.	நீங்கள் மாதவிடாய் வலியின் போது தன்னுஷ்வி எடுப்பதுண்டா?			

APPENDIX – C

SCORING KEY

ITEM SCORE – 1 KNOWLEDGE QUESTIONNAIRE

ITEMS	A	B	C	D
1	1	0	0	0
2	0	1	0	0
3	1	0	0	0
4	0	0	1	0
5	1	0	0	0
6	0	1	0	0
7	1	0	0	0
8	0	1	0	0
9	1	0	0	0
10	1	0	0	0
11	0	1	0	0
12	1	0	0	0
13	0	0	1	0
14	1	0	0	0
15	1	0	0	0

PART – II

SCORING KEY

ITEM SCORE – 2 EXPRESSED PRACTICE QUESTIONNAIRE

Item No	Always	Sometimes	Never
1	2	1	0
2	2	1	0
3	2	1	0
4	2	1	0
5	2	1	0
6	2	1	0
7	2	1	0
8	2	1	0
9	2	1	0
10	2	1	0
11	2	1	0
12	2	1	0
13	2	1	0
14	2	1	0
15	2	1	0

APPENDIX-D

TEACHING MODULE

Teaching Module on Management of primary Dysmenorrhoea with Adolescent Girls.

TOPIC	:	Management of primary Dysmenorrhoea
GROUP	:	Adolescent girls
PLACE OF TEACHING	:	Girls Higher secondary school at srirangam.
METHOD OF TEACHING	:	Lecture cum Discussion and demonstration.
TEACHING AID	:	Power point presentation, pamphlets
TIME	:	45 mts.
GENERAL OBJECTIVES	:	Create awareness and help the adolescents to gain knowledge and understand about management of primary dysmenorrhoea and bring changes in knowledge and practice about management of primary dysmenorrhoea.

SPECIFIC OBJECTIVES

At the end of teaching the adolescents girls will be able to

- Define the dysmenorrhoea and primary dysmenorrhoea.
- Understand about incidence and risk factors of primary dysmenorrhoea.

- Identify the causes of primary dysmenorrhoea.
- Identify the clinical manifestation of primary dysmenorrhoea.
- Discuss and understand about physiology of menstruation.
- Explain about general and home management of primary dysmenorrhoea.

S.No	specific objectives	Time	content	Teachers activity	Learners activity	Evaluation
1.	Introduce the Topic	2mts	<p>INTRODUCTION</p> <p>Adolescence is a transition stage in the lifecycle linking childhood to adulthood during which physical, mental, and social development takes place, for a girl, menstruation is a milestone and a sign of becoming a woman. Number of problems occur during menstruation and dysmenorrhoea is one such problem.</p>	Narrating the topic	Listening observing	
		2mts	<p>INCIDENCE</p> <p>Primary dysmenorrhoea beginning with the onset of ovulatory menstrual cycle, is common, occurring in up to 90% of adolescents.</p>	Explaining		
2.	Define about dysmenorrhoea	1mts	<p>DEFINITION</p> <p>Dysmenorrhoea refers to the syndrome of painful menstruation.</p>		Listening and taking notes	What is mean by dysmenorrhoea?

3.	Understands the meaning of primary dysmenorrhoea	2mts	<p>PRIMARY DYSMENORRHOEA</p> <p>Primary dysmenorrhea is very common problem in young women. It is usually defined as cramping pain in the lower abdomen occurring at the onset of menstruation in the absence of any identifiable pelvic disease.</p> <p>CAUSES OF PRIMARY DYSMENORRHOEA</p> <p>Primary dysmenorrhea is due to the spasm of uterine muscles caused by excessive secretion of prostaglandins. The pain may be due to inadequate blood supply to the uterus for vigorous contraction.</p> <p>RISK FACTOR</p> <p>Early age at menarche, positive family history, obesity Heavy or prolonged menstrual flow</p> <p>CLINICAL MANIFESTATION</p> <p>The girls may have complaints of</p> <ul style="list-style-type: none"> • Lower abdominal /pelvic pain begins 	Discussing	Listening	What is meant by primary dysmenorrhoea?
4.	Enumerate the causes of primary dysmenorrhoea	2mts	<p>Explaining With computer</p>			What are all the causes of primary dysmenorrhoea?
5.	Identify the clinical manifestation of primary dysmenorrhoea	5mts	<p>Explaining with computer.</p>			Can you say about clinical manifestation of primary dysmenorrhoea?

6.	Understand about the management of primary dysmenorrhoea	5mts	<p>with onset of menses and lasts 8-72hrs.</p> <ul style="list-style-type: none"> • Low back pain. • Medial (or) anterior thigh pain. • Systemic symptoms include nausea, vomiting, diarrhoea, fatigue, fever, headache, are fairly common. • Pain usually develops within hours of the start of menstruation and peak as the flow becomes heaviest during the first day (or) two of the cycle. <p>MANAGEMENT</p> <ul style="list-style-type: none"> • Getting adequate rest. • Reassurance. • Dietary management. • Heating pad (or) hot water bottle application. • Regular exercise. 	Explaining with handout.	Listening and watching handout	Mention the management of primary dysmenorrhoea?
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	Know about the anatomy and physiology of female reproductive organs.	5mts	<ul style="list-style-type: none"> • Drug with doctors advice. • Home management. <p>Reassurance is very important for the girls who have dysmenorrhoea through explaining normal anatomy and physiology of female reproductive system and menstruation.</p> <p>ANATOMY AND PHYSIOLOGY OF FEMALE REPRODUCTIVE ORGANS</p> <p>The female reproductive organs consist of external and internal structures.</p> <p>The external genitalia are known collectively as the vulva and consist of labia majora, and minora, the clitoris, the vaginal orifice, vestibular glands.</p> <p>The internal genitalia consist of the vagina, uterus, ovaries, and fallopian (or) uterine tubes and two ovaries.</p> <p>Uterus:</p> <p>The uterus is a hollow muscular pear shaped</p>	Explaining with computer.	Listening	Can you say about function of the uterus?
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			<p>organ, flattened anteroposteriorly. It lies in the pelvic cavity between the urinary bladder and rectum. It consists of three parts, there are fundus, body, and the cervix.</p> <p>Functions of uterus</p> <p>After puberty the endometrial of the uterus goes through a monthly cycle of changes the menstrual cycle which under the control of hypothalamic and anterior pituitary hormones. The purpose of the uterus is to receive, nourish and protect a fertilized ovum. The cycle is usually regular, lasting between 26 and 30 days. If the ovum is not fertilized a new cycle begins with a short period of bleeding.</p> <p>MENSTRUATION</p> <p>It is a series of changes in the uterus resulting in the discharge of blood from the vagina each month and it is controlled by ovarian hormones.</p> <p>PHASES OF MENSTRUATION</p> <p>1. Menstrual phase.</p>			
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Know about the dietary management of primary dysmenorrhoea.	10mts	<p>2. proliferative phase</p> <p>3 .secretary phase.</p> <p>DIETARY MANAGEMENT</p> <p>The following dietary changes may help to prevent (or) treat menstrual pain.</p> <ul style="list-style-type: none"> • Increased dietary intake of calcium-1000 - 1500 mgs per day and fluid intake. • Iron intake is very important it rich in ragi,milk,nuts, green leafy vegetables, egg meat, etc,and easily available also. Adolescents requires 35 mg/kg per day. • Omega -3 fatty acids also help to relieve menstrual cramps. It consists of fish oil supplements. • Vitamin B6 -50 to 100 mg each day may helpful for dysmenorrhoea. • Vitamin E 500 mg per day helps to relive cramps and blood loss. 	Explaining with computer	Listening	What are all the Dietary management ?
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			<ul style="list-style-type: none"> • Magnesium supplementation to be effective for primary dysmenorrhoea. It rich in beans, banana, sunflower seeds, wheat. <p>REGULAR EXERCISE</p> <ul style="list-style-type: none"> • Regular exercise may be a way to reduce the pain of menstrual cramps through the brains production of endorphins. <p>HEATING PAD (OR) HOT WATER APPLICATION</p> <ul style="list-style-type: none"> • Heating pad (or) hot water application helps to relieve dysmenorrhoea. Heat application helps to increase blood supply. <p>HOME MANAGEMENT</p> <p>Ginger tea is one of the valuable home remedy for menstrual cramps.</p> <p>It can be prepared by steeping ½ teaspoon of ginger root in ounces of very hot water</p>	Demonstration	Observing	Listening	What are all the uses of exercise and hot water bottle application?
Understand about regular exercise.							
To know about Heating pad (or) hot water application							
Understand about home management of primary dysmenorrhoea.	10mts						

			<p>for 5 to 10 minutes. a cup of tea when steeped for this amount of time can contain about 250mg of ginger. (or) peel the ginger root and slice it into thin slices. bring the water to a boil in a saucepan. once it is boiling, add the ginger. cover it and reduce to simmer for 15-20 minutes. strain the tea. add honey and lemon to taste.</p> <p>SUMMARY So far we have seen about definition causes clinical manifestation, general and home management of primary dysmenorrhoea.</p> <p>CONCLUSION Primary dysmenorrhoea is an easily curable disease. It is important to reassure the adolescent that the pain she is experiencing is real and not 'in her head' and that, although period is common. So whatever you learned, try to follow and have a healthy life.</p> <p>Thankyou</p>		
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முதல் நிலை மாதவிடாவலிக்கான மருத்துவ முறைகள்

பாடம்	:	முதன்மை நிலை மாதவிடாயக்கான சிகிச்சை முறைகள்
குழு	:	இளம் பெண்கள் (14 முதல் 19 வயது வரை)
நேரம்	:	45 நிமிடம்
இடம்	:	பெண்கள் மேல்நிலைப் பள்ளி, ஸ்ரீரங்கம்.
கற்பிக்கும் முறை	:	விரிவுரை மற்றும் கலந்தாய்வு.
கற்பிக்கும் உதவும் உபகரணங்கள்	:	கையேடு, கணினி செய்முறை விளக்கம்.

பொதுவான பொருளுரை:

கற்பித்தில் மற்றும் கலந்துரையாடல்.

இளம் பெண்கள் அனைவருக்கும் முதன்மைநிலை மாதவிடாய் வலிக்கான சிகிச்சை முறைகள் பற்றி பொதுவான அளவு தெரிந்து கொண்டு செயல்படவே ஆகும்.

குறிப்பிட்ட பொருளுரை:

1. கற்பித்தல் முறை முடிவில், மாணவிகள் அனைவரும் தெரிந்து கொள்ள வேண்டியவை முதன்மை நிலை மாதவிடாய்வலி என்றால் என்ன?
2. முதன்மை நிலை மாதவிடாய்வலிக்கான காரணிகள் யாவை?
3. முதன்மை நிலை மாதவிடாய்வலியினால் ஏற்படும் அறிகுறிகள் யாவை?
4. முதன்மை நிலை மாதவிடாய்வலிக்கான சிகிச்சை முறைகள்?
5. முதன்மை நிலை மாதவிடாய்வலிக்கான சிகிச்சை முறையில் மேற்கொள்ள வேண்டிய உணவுமுறை மாற்றங்கள்.
6. முதன்மை நிலை மாதவிடாய்க்கான சிகிச்சை முறையில் மேற்கொள்ள வேண்டிய உடற்பயிற்சி, வீட்டு சிகிச்சை மற்றும் மருத்துவரின் ஆலோசனைப்படி மருந்து உட்கொள்ளுதல்.

வ. எண்	குறிக்கோள்	நிமிடம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	மதிப்பீடு
			முன்னுரை: முதன்மை நிலை மாதவிடாய்வலி என்பது பொதுவான பிரச்சனையாக இளம் பெண்களிடம் கருத்தப்படுகிறது.			
		2-நிமிடம்	இளம் பருவமானது குழந்தைப் பருவத்திலிருந்து மாறி வருகின்ற பருவமாகும். இப்பருவத்தில் உடல், மனம் மற்றும் சமூக ரீதியாக வளர்ச்சி ஏற்படுகிறது.	கணினி படங்கள் மூலம் விளக்கவுரை மற்றும் கல்நதுரையாடல்	கவனித்தல் மற்றும் பங்கேற்றல்	
			இந்த பருவத்தில் பூப்படைதல் என்பது முக்கியமான நிகழ்வாகும். இதனால் பல தொந்தரவுகள் வருகின்றது. அதில் முக்கியமானதாக மாதவிடாய் வலி கருதப்படுகிறது.			
1.	மாதவிடாய்வலியின் நிகழ்வுகள்	2-நிமிடம்	நிகழ்வுகள்: மாதவிடாய் வலி பொதுவாக 90% இளம் பெண்களிடம் காணப்படுகிறது. இதனால் பள்ளி		கவனித்தல் மற்றும் பங்கேற்றல்	மாதவிடாய் வலியின் நிகழ்வுகள்

			மற்றும் வேலைக்கு செல்ல முடியாமையம் மற்றும் சரியாக செயல்பட முடியாமையம் ஏற்படுகிறது.			எத்தனை?
2.	மாதவிடாய் வலி என்பது	1- நிமிடம்	மாதவிடாய் வலி: மாதவிடாய் வலி என்பது மாதவிடாய் நேரத்தில் ஏற்படும் ஒருவிதமான இழுத்துப்பிடிப்பது போல் உணரக்கூடிய வலியாகும்.	கணினி படங்கள் மூலம் விளக்கவுரை	கவனித்தல் மற்றும் பங்கேற்றல்	மாவிடாய் வலி என்றால் என்ன?
3.	முதன்மை நிலை மாதவிடாய் வலி என்பது	2- நிமிடம்	முதன்மை நிலை மாதவிடாய் வலி: முதன்மை நிலை மாதவிடாய் என்பது பொதுவான பிரச்சனையாக இளம் பெண்களிடம் காணப்படுகிறது. அடிவயிற்றில் இழுத்துப்பிடிப்பது உணரக்கூடிய மற்றும் எந்த விதமான இடுப்பு சம்பந்தமான வியாதி இல்லாமல் இருப்பது முதன்மை நிலை மாதவிடாய் வலியாகும்.	கணினி படங்கள் மூலம்	கவனித்தல் மற்றும் பங்கேற்றல்	முதன்மை நிலை மாதவிடாய் வலி என்றால் என்ன?
4.	முதன்மை நிலை மாதவிடாய் வலியின் தாக்கம்	2- நிமிடம்	இளம்பருவத்தில் இந்த பிரச்சனை தாக்கம் அதிகம் ஏற்படக்கூடியவர்கள்: * இளம் வயதில் பூப்படைவதாலும் * அதிகமான இரத்தப்போக்கு இருப்பதாலும்	கலந்துரையாடல்	கவனித்தல் மற்றும் பங்கேற்றல்	யாரெல்லாம் இதனால் பாதிக்கப்பட கூடியவர்கள்?

ஏற்படக் கூடியவர்கள்		<p>✳ வீட்டில் எவருக்காவது இந்த பிரச்சனை இருந்தாலும்.</p> <p>✳ உடல் பருமன் அதிகமாக இருப்பதாலும் மாதவிடாய் வலி வருவதற்கு வாய்ப்புகள் இருக்கிறது.</p>				
5. முக்கிய காரணிகள் பற்றி அறிதல்	1- நிமிடம்	<p>முக்கியமான காரணிகள்:</p> <p>கர்ப்பபையில் ஏற்படும் ஒரு விதமான தசைப்பிடிப்பின் காரணமாகவும் மற்றும் பிராஸ்டோக்கிளாண்டின் என்ற ஹார்மோன் அதிகமாக சுரப்பதன் மூலமும் ஏற்படுகிறது. குறைவான இரத்த ஓட்டம் கர்ப்பபடைக்கு செல்வதாலும் ஏற்படுகிறது.</p>		கவனித்தல் மற்றும் பங்கேற்றல்	முதன்மை நிலை மாதவிடாய் வலிக்கான முக்கிய காரணிகள் என்ன?	
6. அறிகுறிகள் பற்றி தெரிந்து கொள்ளுதல்	5- நிமிடம்	<p>அறிகுறிகள்:</p> <p>இளம் பெண்கள் பொதுவான சொல்லக் கூடிய தொந்தரவுகள்:</p> <p>(i) அடிவயிற்றில் வலி/இடுப்பு வலி, இந்த பிரச்சனை மாதவிடாய் ஆரம்பமான நாளில் இருந்து எட்டு முதல் எழுபத்திரண்டு மணி வரை நீடிக்கிறது.</p> <p>(ii) அடிமுதுகு வலி</p>	கணினி மூலம் விளக்குதல்	கவனித்தல் மற்றும் பங்கேற்றல்	ஏதேனும் இரண்டு அறிகுறிகள் யாவை?	

			(iii) தொடை வலி (iv) மண்டல அறிகுறிகளான வாந்தி, வாந்தி வருகின்ற, அறிகுறி, காய்ச்சல், தலைவலி, சோர்வு, வயிற்றுப்போக்கு ஆகியவை.			
			⇒ இந்த வலியானது பொதுவாக மாதவிடாய் ஆரம்ப நாளிலிருந்து இரண்டாம் நாள் வரை நீடிக்கிறது.			
7.	முதன்மை நிலை மாதவிடாய் வலிக்கான சிகிச்சை முறைகள் பற்றி அறிதல்	5-நிமிடம்	சிகிச்சை முறைகள்: (i) முறையான ஒய்வு மற்றும் போதுமான அளவு நீர் பருகுவதில் வேண்டும். (ii) முதன்மை நிலை மாதவிடாய் வலி சாதாரணமானது என்றும் மற்றும் உள் உறுப்புகளின் அமைப்பு மற்றும் செயல்பாடுகள் பற்றி தெரிந்துகொள்ள வேண்டும். (iii) சத்துள்ள உணவை உட்கொள்ள வேண்டும். (iv) உடற்பயிற்சி (v) மருத்துவ சிகிச்சை (vi) வீட்டு சிகிச்சை முறை	கையேடு மூலம் விளக்குதல்	கையேடு கவனித்தல்	ஏதேனும் இரண்டு முக்கிய சிகிச்சை முறைகள் யாவை?

8.	பெண் இளம்பெருக்க உறுப்பின் அமைப்பு மற்றும் செயல்பாடுகளை அறிதல்	6-நிமிடம்	<p>பெண் இளம்பெருக்க உறுப்பின் அமைப்பு மற்றும் செயல்பாடுகள்:</p> <p>பெண் இளம்பெருக்க உறுப்பானது உள் மற்றும் வெளிப்புறப் பாகங்களை கொண்டது.</p>	கணினி மூலம் விளக்குதல்	கவனித்தல் மற்றும் பங்கேற்றல்	பெண் இளம்பெருக்க உறுப்பின் பாகங்கள் மற்றும் முக்கிய செயல்பாடுகள் யாவை?
			<p>வெளிப்புறபாகமானது வல்வா, இதில் லேபியா மெஜோரா, மைனோரா, கிளைடோரிஸ் வெஜைனல் ஆரிபைஸ் மற்றும் வெஸ்டிபுலார் சுரப்பிகள் உள்புறமானது வெஜைனா, கர்ப்பபை, அண்டம் மற்றும் கருக்குழாய்.</p>			
			<p>கர்ப்பபை:</p> <p>கர்ப்பபை என்பது பேரிக்காய் வடிவமுடைய தசையாலான உறுப்பு. இது இடுப்புப்பகுதியில் சிறுநீர்ப் பைக்கும் மற்றும் மலக்குடலுக்கும் இடையில் உள்ளது. இதில் மூன்று பாகங்கள் உள்ளது. தலை, உடல் மற்றும் வாய்ப்பகுதி ஆகும்.</p>			

			<p>செயல்பாடுகள்:</p> <p>பூப்படைந்த பின்னர் கர்ப்பபையின் மேல் சவ்வானது ஒவ்வொரு மாதமும் மாதவிடாய் என்று மாறுதலுக்கு உட்படுகிறது. இது ஹைபோதலாமஸ் மற்றும் பிடியூட்டரி ஹார்மோன்களால் கட்டுப்படுத்தப்படுகிறது. கர்ப்பபையானது முக்கியமாக வளரும் கருவிற்கு ஊட்டச்சத்து மற்றும் பாதுகாப்பு அளிக்கிறது. மாதவிடாயானது சாதாரணமாக 26 மற்றும் 30 நாட்களுக்கு ஒரு முறை வரும் சுழற்சியாகும். கருமுட்டை உருவாகவில்லை யெனில் புதிய மாதவிடாய் சுழற்சியானது குறைவான இரத்தப்போக்குடன் ஆரம்பமாகும்.</p>			
			<p>மாதவிடாய்:</p> <p>கர்ப்பபையில் சில முக்கிய மாறுதல்கள் ஏற்படுவதன் மூலம் ஒவ்வொரு மாதமும் பிறப்புறுப்பிலிருந்து இரத்தப்போக்கு ஏற்படுகிறது. இது அண்டத்திலுள்ள ஹார்மோன்களால் கட்டுப்படுத்தப்படுகிறது.</p>			

			மாதவிடாய் சுழற்சியின் நிலைகள்: 1. மாதவிடாய் நிலை 2. ப்ராளிபரேடிவ் நிலை 3. செக்ரீடரி நிலை				
9.	உணவு முறை சிகிச்சை பற்றி அறிதல்	10-நிமிடம்	உணவு வகைகள் முக்கியமாக இரும்புச்சத்து, கால்சியம், மீன் மற்றும் மீன் எண்ணெய் வைட்டமின் பி, இ, சத்து நிறைந்த வையாக இருக்க வேண்டும்.	கணினி மூலம் அறிதல்	கவனித்தல் மற்றும் பங்கேற்றல்	உணவுமுறை சிகிச்சை யாவை?	
			இரும்புசத்து முக்கியமாக கீரைகள், வெல்லம், முட்டை, இறைச்சி, கேழ்விறகு, பால் மற்றும் பயிறு வகைகள் இவற்றில் அதிகமாக உள்ளது.				
			உடற்பயிற்சி: தினமும் உடற்பயிற்சி செய்தல் மிகவும் முக்கியமானது. இதன் மூலம் நல்ல இரத்த ஓட்டமும் என்டார்பின் என்ற ஹார்மோன் சுரப்பதால் வலியும் குறைகிறது.				

			வெப்ப சிகிச்சை: வெந்நீர் நிறைந்த பாட்டில் மற்றும் வெந்நீரால் ஒத்திரம் கொடுத்தால் வலியின் அளவு குறைகிறது.				
			மருத்துவ சிகிச்சை: மருத்துவரின் ஆலோசனைப் படி மருந்து எடுத்துக் கொள்ள வேண்டும்.				
10.	வீட்டில் எடுத்துக் கொள்ளப்படும் சிகிச்சை பற்றி அறிதல்	10-நிமிடம்	வீட்டில் எடுத்துக் கொள்ளப்படும் சிகிச்சை முறைகள்: இஞ்சி மிகவும் எளிதாக கிடைக்கூடியதும், பயனுள்ளவையாகவும், முதல் நிலை மாதவிடாய் வலிக்கு வருகிறது. இஞ்சி தேனீர் சிறந்த வலி நிவாரணியாக கருதப்படுகிறது.	வீட்டில் எடுத்துக் கொள்ளப்படும் சிகிச்சை பற்றி அறிதல்	செயல் முறை விளக்கம்	கவனித்தல் மற்றும் பங்கேற்றல்	வீட்டு முறை சிகிச்சை யாவை?
			தாயரிக்கும் முறை: ஒரு டம்ளர் தண்ணீரில் அரை தேக்கரண்டி அளவு துருவிய இஞ்சியை சேர்ந்து ஐந்து முதல் பத்து நிமிடம் வரை கொதிக்க வைக்க வேண்டும். பின்னர் தேன் அல்லது எலும்பிச்சை சாறை சுவைக்கு சேர்க்க வேண்டும். இதில் 250 மி.கி அளவு இஞ்சி அடங்கியுள்ளது.				

LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From

C. Manonmai,
II Year M.Sc (N),
Dr. G. Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy – 5.

To

The Principal,
Dr. G. Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy – 5.

Respected Madam,

Sub: *Letter seeking permission to conduct the study.*

I am final year M.Sc., Nursing student of Dr. G. Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfillment for the degree of masters in Nursing. The statement of the problem is “A pre experimental study to determine the effectiveness of IEC on Knowledge and expressed practice regarding management of primary dysmenorrheal among adolescents Girls Higher Secondary School, Srirangam During the year 2010”. Kindly grant me permission to conduct the study.

Thanking you in anticipation.

Your's faithfully,
C. Manonmai

LETTER SEEKING PERMISSION TO CONDUCT STUDY AT GIRLS HIGHER SECONDARY SCHOOLS IN SRIRANGAM

From

DR.G.Sakunthala college of Nursing,
Thiruvanaikovil,
Trichy-5.

To

The Headmistress
The Girls Higher Secondary School ,
Srirangam
Trichy 620 006.

Through,

The principal,
Dr.G.sakunthala college of Nursing,
Thiruvanaikovil,
Trichy.

Respected sir/Madam,

**Sub: *DR.G.Sakunthala college of Nursing,Trichy-project work of
M.sc(N) student permission requested _reg...***

We wish to state that Mrs.C.Manonmani, M.sc(N) IInd year student of Dr.G.sakunthala college of nursing,Trichy,has conduct a research project ,which is to be submitted to the Dr.M.G.R Medical university,Chennai, in partial fulfillment of university requirements.The topic is

“A pre experimental study to determine the effectiveness of IEC on knowledge and expressed practice regarding management of primary dysmenorrhoea among adolescent Girls Higher Secondary School at Srirangam”.

We request you to kindly permit her to do the research work in your school under your valuable guidance and suggestions

Thanking you

Yours faithfully

**Principal
DR.G.Sakunthala college of nursing
Trichy.**

LETTER REQUESTING TO CONDUCT PILOT STUDY

From

Mrs.C.Manonmani,
II year M.sc(N)
Dr.G.sakunthala college of Nursing.
Thiruvanaikovil,
Trichy-5.

To

The Headmistress
The High School,
Thiruvanaikovil,
Trichy 620 005

Through

The principal
Dr.G.sakunthala college of Nursing.
Thiruvanaikovil
Trichy-5

Respected Madam

Sub: Letter requesting to conduct pilot study.

I am M.sc(N) II year student of Dr.G.sakunthala college of Nursing,Trichy.As a part of my course I am doing a study on the topic mentioned below

“A pre experimental study to determine the effectiveness of IEC on Knowledge and expressed practice regarding management of primary dysmenorrheal among adolescents Girls at selected schools, Trichy During the year 2010”

May I request you to grant permission to conduct pilot study in your institution under your valuable guidance for five adolescent girls .kindly do the needful.

Thanking you

yours sincerely,

Signature and the seal of validate
Mrs.C. Manonmani

REQUISITION LETTER TO MEDICAL GUIDE

From

Mrs. C. Manonmani,
II yr. M.Sc.(N),
Dr. G. Sakunthala College of Nursing,
Trichy.

To

Dr. Kanthamani, M.D., D.G.O.,
Professor,
Department of Obstetrics and Gynecology,
Trichy.

Respected Sir,

Sub: *Requesting permission for the guidance to conduct the study,
regarding*

I am studying in II yr. M.Sc. (N) at Dr. G. Sakunthala College of Nursing, Trichy. I would like to conduct a study as a partial fulfillment for the degree of M.Sc.(N)., the statement of the problem is : “A pre experimental study to determine the effectiveness of Information, education, communication package on knowledge and expressed practice regarding management of primary dysmenorrhea among adolescent girls at Girls Higher Secondary School in srirangam”.

I humbly request you to guide me and kindly give suggestions for conducting the study, I will be thankful sir.

Thanking you in anticipation

Place:

Yours sincerely,

Date:

(Mrs. C. Manonmani)